

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000072849

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** SONDISHAM REALTY INVESTMENTS 15, LLC

**Current Principal Place of Business:**

8700 FLAGLER STREET  
SUITE 160  
MIAMI, FL 33174 US

**New Principal Place of Business:**

ATTN: LEGAL DEPARTMENT  
8700 W. FLAGLER STREET, SUITE 160  
MIAMI, FL 33174 US

**Current Mailing Address:**

8700 FLAGLER STREET  
SUITE 160  
MIAMI, FL 33174 US

**New Mailing Address:**

ATTN: LEGAL DEPARTMENT  
8700 W. FLAGLER STREET, SUITE 160  
MIAMI, FL 33174 US

**FEI Number:** 27-3023571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KORDA, ANDRES  
8700 FLAGLER STREET  
SUITE 160  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

BODNER, GABRIEL  
8700 W. FLAGLER STREET  
SUITE 160  
MIAMI, FL 33174 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GABRIEL BODNER

03/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SONDISHAM REALTY INVESTMENTS, LLC  
Address: 8700 WEST FLAGLER STREET, SUITE 160  
City-St-Zip: MIAMI, FL 33174 US

Title: MGR  
Name: DE MIZRAHI, ROBERTO  
Address: 8700 WEST FLAGLER STREET, SUITE 160  
City-St-Zip: MIAMI, FL 33174 US

Title: MGR  
Name: KORDA, ANDRES  
Address: 8700 WEST FLAGLER STREET, SUITE 160  
City-St-Zip: MIAMI, FL 33174 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERTO DE MIZRAHI

MGR

03/22/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date