

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000118960

**Entity Name:** CCIM FLORIDA WALG5, LLC

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3370 NE 190TH STREET UNIT 1501  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3370 NE 190TH STREET UNIT 1501  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 45-1358510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RYAN, ARCHIE J III  
700 EAST DANIA BEACH BLVD.  
THIRD FLOOR  
DANIA BEACH, FL 33004 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** D'ADDEO, PETER D  
**Address:** 3370 NE 190TH STREET UNIT 1501  
**City-St-Zip:** AVENTURA, FL 33180

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: PETER D'ADDEO

MMM

01/27/2012

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