2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State
04-15-2004 90117 034 ****50.00

DOCUMENT # M02000002125

1. Entity Name
PAO MIAMI VENTURE, LLC

Principal Place of Business	Mailing Address
3424 PEACHTREE ROAD NE SUITE 800, ATTN: LEGAL DEPT. ATLANTA, GA 30326	3424 PEACHTREE ROAD NE SUITE 800, ATTN: LEGAL DEPT. ATLANTA, GA 30326

03222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
801 Grand Avenue	801 Grand Avenue
Suite, Apt. #, etc.: Attn: Bob Roepsch	Suite, Apt. #, etc.: Attn: Bob Roepsch
City & State: Des Moines, IA	City & State: Des Moines, IA
Zip: 50392 Country:	Zip: 50392 Country:

4. FEI Number: 13-4207818 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR LEND LEASE US OFFICE INC. 3424 PEACHTREE ROAD NE ATLANTA, GA 30326	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Principal America Office, Inc. 801 Grand Avenue Des Moines, IA 50392	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Please see attached signature page
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
2404381 1

#M02000002125

Executed on this 14 day of April, 2004

PAO MIAMI VENTURE, LLC, a Delaware limited liability company

By: PRINCIPAL REAL ESTATE INVESTORS, LLC, a Delaware limited liability company, its non-member manager

By Sandra K. Lanz

Sandra K. Lanz
Senior Closing Consultant

By C N Giles

C. N. Giles
Assistant Managing Director
Loan Administration Operations