

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

04-28-2008 90043 050 ***138.75

DOCUMENT # M03000003677 1. Entity Name USPS MIAMI XIV, LLC			
Principal Place of Business 101 N MAIN ST SUITE 1203 GREENVILLE, SC 29601		Mailing Address 101 N MAIN ST SUITE 1203 GREENVILLE, SC 29601	
2. Principal Place of Business - No P.O. Box # 101 N. Main St.		3. Mailing Address 101 N. Main St.	
Suite, Apt. #, etc. 12th Floor		Suite, Apt. #, etc. 12th Floor	
City & State Greenville, SC		City & State Greenville, SC	
Zip 29601	Country USA	Zip 29601	Country USA
4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI Services, Inc. 2731 Executive Park Drive Suite 4 Weston, FL 33331		7. Name and Address of New Registered Agent Name _____ Street add _____ City _____ State _____	
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 use if applicable (NOTE: Registered Agent signature required when releasing) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CORWIN, FREDERIC 101 N MAIN ST., SUITE 1203 GREENVILLE, SC 29601	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member 101 N. Main St. 12th Floor
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 exemptions contained in Chapter 119, 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 806, Florida Statutes.			
SIGNATURE: <i>Frederic W. Corwin</i>		Date: 7 March 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 800-577-4842	

Frederic W. Corwin, sole member