

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000704

Entity Name: ROCK-KIM MIRAMAR, LLC

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

3333 NEW HYDE PARK ROAD  
NEW HYDE PARK, NY 11042 US

## New Principal Place of Business:

3333 NEW HYDE PARK ROAD SUITE 100  
NEW HYDE PARK, NY 11042 US

## Current Mailing Address:

3333 NEW HYDE PARK ROAD  
NEW HYDE PARK, NY 11042 US

## New Mailing Address:

3333 NEW HYDE PARK ROAD SUITE 100  
NEW HYDE PARK, NY 11042 US

FEI Number: 20-2297991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ( ) Delete  
Name: KD MIRAMAR 1192, INC.,  
Address: 3333 NEW HYDE PARK ROAD  
City-St-Zip: NEW HYDE PARK, NY 11042 US

Title: MGRM ( ) Delete  
Name: ROCK-MIRAMAR, INC.,  
Address: 1221 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KD MIRAMAR 1192, INC.,  
Address: 3333 NEW HYDE PARK ROAD SUITE 100  
City-St-Zip: NEW HYDE PARK, NY 11042 US

Title: MGRM (X) Change ( ) Addition  
Name: ROCK MIRAMAR, INC. -, OUTSIDE PARTN E RS  
Address: 3333 NEW HYDE PARK ROAD SUITE 100  
City-St-Zip: NEW HYDE PARK, NY 11042 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAURA LOUIS

POA

04/07/2009

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