

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M05000001551

1. Entity Name  
DOWNTOWN MIAMI DEVELOPMENT LLC



FILED

09 SEP 22 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O ARGENT VENTURES  
551 FIFTH AVE 34TH FLOOR  
NEW YORK, NY 10176

Mailing Address  
C/O ARGENT VENTURES  
551 FIFTH AVE 34TH FLOOR  
NEW YORK, NY 10176



09082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2553136

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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], Judith A. Carkner, ASST. SEC. 09/08/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

100136272101  
09/23/08--01051--002 \*\*500.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DOWNTOWN MIAMI OPERATING MANAGER LLC  
551 FIFTH AVENUE, 34TH FLOOR  
NEW YORK, NY 10176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

[Signature] ANDREW PENSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9/8/08 (212) 692-5400  
Date Daytime Phone #