

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000001662**

1. Entity Name  
**DOWNTOWN MIAMI OPERATING MANAGER LLC**



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

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



09082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2570780**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**Judith A. Carkner, ASST. SEC., 09/08/08**

(NOTE: Registered Agent signature required when retreating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PENSON, ANDREW S  
551 FIFTH AVENUE, 34TH FLOOR  
NEW YORK, NY 10176**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000959420  
09/10/08-80004-004 538.75

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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