

2004

ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90243 050 ***150.00

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1. Entity Name

TIAA MIAMI INTERNATIONAL MALL, LLC



Principal Place of Business

730 THIRD AVE.
NEW YORK NY 10017

Mailing Address

730 THIRD AVE.
NEW YORK NY 10017

24651651

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

MOORE

CR2E034 (11/03)

4. FEI Number

04-3687177

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MGR
NAME ADAMSKI, RICHARD
STREET ADDRESS 730 THIRD AVE.
CITY-ST-ZIP NEW YORK NY 10017

TITLE MGR
NAME McAndrews, Philip
STREET ADDRESS 730 Third Avenue, New York, NY 10017
CITY-ST-ZIP

TITLE MGR
NAME GARBUTT, THOMAS
STREET ADDRESS 730 THIRD AVE.
CITY-ST-ZIP NEW YORK NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME LUIK, JOSEPH
STREET ADDRESS 730-THIRD AVE.
CITY-ST-ZIP NEW YORK NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME SOMERS, JOHN
STREET ADDRESS 730 THIRD AVE.
CITY-ST-ZIP NEW YORK NY 10017

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

Mark L. Serlen

4/15/04

(212) 916-4256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #