

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90315 009 ****50.00

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # M05000001764 1. Entity Name TIAA MIAMI INTERNATIONAL MALL, LLC |  |
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|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business 730 THIRD AVE. NEW YORK NY 10017 | Mailing Address 730 THIRD AVE. NEW YORK NY 10017 |
|--------------------------------------------------------------------|--------------------------------------------------------|



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|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

1st MOORE CR2E083 (10/04)

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|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 04-3687177 | Applied For Not Applicable |
| Zip | Country | Zip | Country |

| | |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

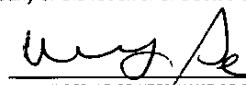
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCANDREWS, PHILIP 730 THIRD AVE. NEW YORK NY 10017 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GARBUIT, THOMAS 730 THIRD AVE. NEW YORK NY 10017 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LUIK, JOSEPH 730 THIRD AVE. NEW YORK NY 10017 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Margaret Brandwein 730 Third Avenue New York, NY 10017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Mark J. Wood 730 Third Avenue New York, NY 10017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 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:  Mark L. Serlen, Secretary 5/9 /2005 212 916-4256
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #