2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # M05000004931

1. Entity Name
NW 71ST STREET ASSOCIATES, LLC

Principal Place of Business	Mailing Address
C/O SEAGIS PROPERTY GROUP, LP 100 FRONT STREET, SUITE 1370 WEST CONSHOHOCKEN, PA 19428	C/O SEAGIS PROPERTY GROUP, LP 100 FRONT STREET, SUITE 1370 WEST CONSHOHOCKEN, PA 19428

DO NOT WRITE IN THIS SPACE

03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3135091
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000875656
04/11/08-80040-019 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SEAGIS PROPERTY GROUP, L.P
STREET ADDRESS	100 FRONT STREET, SUITE 1370
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428
TITLE	MGR
NAME	BEGIER, JOHN B
STREET ADDRESS	100 FRONT STREET, SUITE 1370
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428
TITLE	MGR
NAME	LEE, CHARLES C
STREET ADDRESS	100 FRONT STREET, SUITE 1370
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428
TITLE	MGR
NAME	MOYER, KENNETH R
STREET ADDRESS	100 FRONT STREET, SUITE 1370
CITY-ST-ZIP	WEST CONSHOHOCKEN, PA 19428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kenneth R. Moyer 3-7-08 484-530-9133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #