## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M07000005189**

1. Entity Name

CAH-IDA RUNNING BROOK LLC



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2801 ALASKAN WAY SUITE SUITE 200 SEATTLE, WA 98121 2801 ALASKAN WAY SUITE SUITE 200 SEATTLE, WA 98121



04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of chaions of registered agent	nging its registered office or registered agent, or both	i, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or orinted name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	NOWI!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		000000932592 05/22/08-80060-021 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAH-IDA FLORIDA LLC 2801 ALASKAN WAY SUITE SUITE 200 SEATTLE, WA 98121			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	IN THIS SPACE	
TITLE NAME STREET ADDRESS			,	

11. Thereby 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

04 25 08

(206)215 9700

Daytime Phone #