

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004811

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** HALF-CIRCLE PROPERTY (DEL.) LLC

**Current Principal Place of Business:**

3841 NE 2ND AVE, SUITE 400  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

3841 NE 2ND AVE, SUITE 400  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 65-0986414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINS, CRAIG  
3841 NE 2ND AVE, SUITE 400  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MIAMI DESIGN DISTRICT ASSOCIATES MANAGER  
**Address:** 3841 NE 2ND AVE, SUITE 400  
**City-St-Zip:** MIAMI, FL 33137

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG ROBINS

MGRM

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date