

M9900000404 **DOCUMENT#**

1. Entity Name

MIAMI RPFIV AIRPORT CORPORATE CENTER ASSOCIATES

Principal Place of Business

Mailing Address

3003 SUMMER STREET STAMFORD CT 06904

3003 Summer Street Stæmford, CT 06904

2. Principal Place of Business	3. Mailing Address

OLMAY 23 PM 2: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc. Suite, Apt. #, City & State City & State		Suite, Apt. #, etc.) DO NOT WRITE IN		WRITE IN THIS	I THIS SPACE		
		City & State		4. FEI Number 06-154	4. FEI Number 06-1541076			
Zip	Country	Zip	Country 5. Certificate of Statu		-	\$5.00 Additional Fee Required	ole	
-	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of N	ew Registere	d Agent	Ť	
CORRODATE	ON OFFICE COMPANY	-	Name				1	
CORPORATION SERVICE COMPANY 1201 HAYS STREET		Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSE	EE FL 32301-2525					_		
			City	••	F	Zip Code	Ţ	
The above nar	ned entity submits this statement	for the purpose of changing it	ts egistered office or reg	istered agent, or both, in the State of	of Florida.		Ī	
GNATURE / Sign	ature, typed or printed name of registered age	nt and title if applicable. (NC	TE Registered Agent signature rec	guired when reinstating)	DATE			
		1	(CW!!! FEE IS \$50.	<u>.</u>			<u> </u>	

		FILE NO	W!!! FEE IS \$50	0.00 ent of State			
9.	MANAGING MEMBERS/M	EMBERS	10.		ADDITIONS/CHAN	GES	i
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEIRP IV HOLDING CORPORATION 3003 SUMMER STREET STAMFORD CT 06904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		. 9	Change	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.

Bharati Shendi, Asst. VP

203-326.2320



ACCOUNT NO. : 072100000032

REFERENCE :

156820

8630A

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE: May 21, 2001

ORDER TIME : 1:14 PM

ORDER NO. : 156820-005

CUSTOMER NO: 8630A

CUSTOMER: Mr. Fund Gerpiv

Ge Investment Co. (real Estate

Registered Agent Department

2711 Centreville Rd Wilmington, DE 19808

ANNUAL REPORT FILING

NAME:

MIAMI RPFIV AIRPORT CORPORATE

CENTER ASSOCIATES

<u> </u>	ANNUAL I	KEPOI	KT.				
PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
XX		STAN	COPY MPED COPY TE OF GOOD	STA	ANDING		

CONTACT PERSON: Deborah Schmoder - Ext. 1118

EXAMINER'S INITIALS: