# 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

# DOCUMENT # M9900000404

### MIAMI RPFIV AIRPORT CORPORATE CENTER ASSOCIATES LIMITED LIABILITY COMPANY



SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3003 SUMMER STREET C/O CSC STAMFORD CT 06904 1201 HAYS ST. TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 06-1541076 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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, typed or printed name of registered agent and title if applicable. (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, 2003

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9.	MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE:



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SECHETARY OF STATE 072100000032

ACCOUNT NO. :

REFERENCE

8630A

AUTHORIZATION

COST LIMIT

ORDER DATE: May 29, 2003

ORDER TIME: 10:32 AM

ORDER NO. : 111295-005

CUSTOMER NO:

8630A

CUSTOMER: Mr. Fund Gerpiv

> Ge Investment Co. (real Registered Agent Department

2711 Centreville Rd Wilmington, DE 19808

#### ANNUAL REPORT FILING

NAME:

MIAMI RPFIV AIRPORT CORPORATE

CENTER ASSOCIATES LIMITED

LIABILITY COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY . \_\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS: