2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000915

1. Entity Name

MIAMI RETAIL PARTNERS LLC



FILED Jul 16, 2008 08:00 AM Secretary of State

Principal Place of Business

C/O MILLENNIUM PARTNERS 1995 BROADWAY NEW YORK, NY 10023

Mailing Address

C/O MILLENNIUM PARTNERS 1995 BROADWAY NEW YORK, NY 10023



07072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-4065242

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CIT CODDODATION SYSTEM

1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			IN THIS SPACE		
	e named entity submits this statement for thions of registered agent.	ne purpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NO1E: Registered	d Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 In accordance with liability company di			07.193(2)(b), F.S., the limited U00000955318 U7/16/08-80011-007 138.75		
9.	MANAGING MEMBERS	/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLENIUM PARTNERS II L.P. 1995 BROADWAY NEW YORK, NY 10023				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	6				
TITLE					

 I hereby certify that the information sub-indicated on this report is true and accur. ed with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information te 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 stee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receive

SIGNATURE:

NAME STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED N

IE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #