

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099414

FILED
Mar 31, 2015
Secretary of State
CC3705424831

Entity Name: MIDTOWN TWO UNIT H-1608 PARTNERSHIP, LLC

Current Principal Place of Business:

3470 E. COAST AVENUE
H-1608
MIAMI, FL 33137

Current Mailing Address:

16425 NE 169TH PLACE
WOODINVILLE, WA 98072 US

FEI Number: 26-3193467

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

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

Authorized Person(s) Detail :

| | | | |
|-----------------|-------------------------|-----------------|-------------------------|
| Title | MGR, MANAGER | Title | MGRM, AUTHORIZED MEMBER |
| Name | SCHLITT, MICHAEL | Name | MOLINA, BILL |
| Address | 16425 NE 169TH PLACE | Address | 19 PICKENS STREET |
| City-State-Zip: | WOODINVILLE WA 98072 | City-State-Zip: | LITTLE FERRY NJ 07643 |
| | | | |
| Title | MGRM, AUTHORIZED MEMBER | Title | MGRM |
| Name | TURNER, GREGORY & LISA | Name | BIXBY, SCOTT & KATHRYN |
| Address | 13204 KAHNS ROAD | Address | 12607 FENWAY AVE. N |
| City-State-Zip: | MANASSAS VA 20112 | City-State-Zip: | HUGO MN 55038 |
| | | | |
| Title | MGRM | | |
| Name | LOEZA, JOSE | | |
| Address | 4165 W 166TH STREET | | |
| City-State-Zip: | LAWNDALE CA 90260 | | |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SCHLITT

MANAGER

03/31/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date