

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000051659

**Entity Name:** LMNR AXIS PROPERTIES, LLC

**Current Principal Place of Business:**

3050 BISCAYNE BLVD.  
10TH FLOOR  
MIAMI, FL 33137

**Current Mailing Address:**

3050 BISCAYNE BLVD.  
10TH FLOOR  
MIAMI, FL 33137

**FEI Number:** 46-5266361

**Certificate of Status Desired:** No

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

HABER, ANDREA L  
4770 BISCAYNE BLVD.  
SUITE 1400  
MIAMI, FL 33137 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  
Name FOXX, NELSON  
Address 1665 WASHINGTON AVE, PH  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name STERN, LYLE  
Address 1665 WASHINGTON AVE, PH  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name MENIN, KEITH  
Address 3050 BISCAYNE BLVD., 10TH FLOOR  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name GALBUT, MARISA  
Address 2200 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

*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:** KEITH MENIN

**MANAGER**

**01/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date