


FILED

07 MAY -4 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M96000000211 1. Entity Name MUNICIPAL MORTGAGE & EQUITY, LLC	
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Principal Place of Business 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202	Mailing Address 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202
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05022007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number 52-1449733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
Due by September 14, 2007**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO JOSEPH, MARK K 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FALCONE, MICHAEL L 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MENTESANA, GARY A 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MIFSUD, ANTHONY 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO LUNDQUIST, MELANIE 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOLDBERG, STEPHEN A 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202

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05/11/07--01007--011 **50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: B. D. Sims Brian D. Sims 05/01/07 943-263-2900
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #