FILED

1/2/or 212 6/2 9/02

2002 UNIFORM BUSINESS REPORT (UBR)

limited liability company or

SIGNATURE:

Jan 30, 2002 8:00 am Secretary of State DOCUMENT # M0000001428 1. Entity Name 01-30-2002 90108 039 ****50.00 4150 FORD STREET, FT. MEYERS, FLORIDA MM, LLC Mailing Address Principal Place of Business 30 BROAD STREET, 31ST FLOOR 30 BROAD STREET, 31ST FLOOR NEW YORK NY 10004 NEW YORK NY 10004 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State 13-4126889 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SABATELLO, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 777 S. FLAGLER DRIVE, SUITE 300E WEST PALM BEACH FL 33401 Zip Code City FL 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. 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 Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS ☐ Change Addition TITLE TITLE **MGRM** ☐ Delete NAME NAME URBANAMERICA LP STREET ADDRESS STREET ADDRESS 30 BROAD STREET, 31ST FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature spall have the same legal effect as if made under oath; that I am a managing member or manager of the powered to provide this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this indicated on this report is true and decurate and that