

FILED
Mar 01, 2007 8:00 am
Secretary of State

02-05-2007 90204 009 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000081198

1. Entity Name
MM VILLA PATRICIA PHASE II, LLC



30001440

Principal Place of Business
**2950 S.W. 27TH AVE., SUITE 200
MIAMI, FL 33133**

Mailing Address
**2950 S.W. 27TH AVE., SUITE 200
MIAMI, FL 33133**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5415576

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASHINGTON, LYNN C
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TCG VILLA PATRICIA PHASE II, LLC
2950 SW 27TH AVE SUITE 200
MIAMI, FL 33133**

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CITY - ST - ZIP

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☐ Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-29-07

305-476-8118

Date

Daytime Phone #