

#264

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001428
1. Entity Name
4150 FORD STREET, FT. MEYERS, FLORIDA MM, LLC



FILED
Jun 13, 2008 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
C/O URBANAMERICA L.P.
30 BROAD STREET, 31ST FLOOR
NEW YORK, NY 10004 C/O URBANAMERICA L.P.
30 BROAD STREET, 31ST FLOOR
NEW YORK, NY 10004



05152008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
13-4126889 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	URBANAMERICA LP
STREET ADDRESS	30 BROAD STREET, 31ST FLOOR
CITY- ST- ZIP	NEW YORK, NY 10004
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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06/13/08-80002-022 143.75

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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 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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #