

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-14-2008 90082 018 ***138.75

DOCUMENT # L07000086919 1. Entity Name MOUNT VERNON PROPERTY PARTNERS LLC					
Principal Place of Business 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134			Mailing Address 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134		
2. Principal Place of Business - No P.O. Box # 1600 NW 163 Street		3. Mailing Address 1600 NW 163 Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 26-0801381	
Zip 33169		Country US		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIF, EVAN D 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134			7. Name and Address of New Registered Agent Name Alison P. Herman Street Address (P.O. Box Number is Not Acceptable) 1600 NW 163 Street City Miami FL Zip Code 33169		
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 Alison P. Herman GC 4/18/08 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 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Chaplin, Wayne 1600 NW 163 St Miami, FL 33169	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Becker, Steven R 1600 NW 163 St Miami, FL 33169	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE: Steven R. Becker 4/18/08 305-625-4171 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30009340



04182008 Chg-LLC CR2E083 (12/08)

Applied For
Not Applicable