

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A12000000535

**Entity Name:** MME CAPITAL FUNDING II, LLLP

**Current Principal Place of Business:**

12550 BISCAYNE BOULEVARD, SUITE 402  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12550 BISCAYNE BOULEVARD, SUITE 402  
NORTH MIAMI, FL 33181 US

**FEI Number:** 46-0973656

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOPELOWITZ, BRIAN  
200 SW 1ST AVENUE, SUITE 1200  
FORT LAUDERDALE, FL 33301 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document #

Name MME CAPITAL MANAGEMENT, LLC

Address 12550 BISCAYNE BOULEVARD, SUITE  
402

City-State-Zip: NORTH MIAMI FL 33181

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEJANDRA ECHEVERRIA

OFFICE MANAGER

04/25/2016

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date