2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F99000002126

Entity Name: FLORIDA MULTIFAMILY MANAGEMENT, INC.

Current Principal Place of Business:

1680 MICHIGAN AVE 8TH FLOOR
MIAMI BEACH, FL 33139

New Principal Place of Business:

1680 MERIDIAN AVE, SUITE 303
MIAMI BEACH, FL 33139

Current Mailing Address:

1680 MICHIGAN AVE 8TH FLOOR
MIAMI BEACH, FL 33139

New Mailing Address:

1680 MERIDIAN AVE, SUITE 303
MIAMI BEACH, FL 33139

FEI Number: 65-0913336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete
Name: SANDERS, IAN
Address: 1680 MICHIGAN AVE 8TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33139

Title: DPT ( ) Delete
Name: SANDERS, MARK
Address: 1680 MICHIGAN AVE 8TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition
Name: SANDERS, IAN
Address: 1680 MERIDIAN AVE, SUITE 303
City-St-Zip: MIAMI BEACH, FL 33139

Title: DPT (X) Change ( ) Addition
Name: SANDERS, MARK
Address: 1680 MERIDIAN AVE, SUITE 303
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN SANDERS DVS 04/29/2009

Electronic Signature of Signing Officer or Director — Date