

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002283

Entity Name: SOLUTIONS@MBAF, LLC

FILED
Mar 07, 2007
Secretary of State

Current Principal Place of Business:

1001 BRICKELL BAY DR., 9TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

1001 BRICKELL BAY DR.,
9TH FLOOR
MIAMI, FL 33131

Current Mailing Address:

1001 BRICKELL BAY DR., 9TH FLOOR
MIAMI, FL 33131

New Mailing Address:

1001 BRICKELL BAY DR.
9TH FLOOR
MIAMI, FL 33131

FEI Number: 65-1008793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBERG, STUART
1001 BRICKELL BAY DR., 9TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ROSENBERG, STUART
1001 BRICKELL BAY DR.
9TH FLOOR
MIAMI, FL 33131 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:

03/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRISON BROWN ARGIZ, & FARRA, LLP
Address: 1001 BRICKELL BAY DRIVE, 9TH FLOMGOR
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: ROSENBERG, STUART
Address: 1001 BRICKELL BAY DR 9TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 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: STUART ROSENBERG

MGR

03/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date