FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # L0000003629 05-22-2002 90214 002 ****50 00 MRM 40TH STREET, LLC Principal Place of Business Mailing Address 100 S.E. 2ND STREET, SUITE 3950 100 S.E. 2ND STREET, SUITE 3950 966249 MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business Mailing Address 445 GRAND BAY DRIVE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 705 City & State City & State 4. FEI Number Applied For 65-0999280 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEIDER, NORMAN S ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET, SUITE 3950 **MIAMI FL 33131** City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES (9/01)**MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARULANDA, NORA HELENA NAME CR2E083 STREET ADDRESS STREET ADDRESS 445 GRAND BAY DR., UNIT 705 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Daytime Phone #