

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007321

FILED
Feb 12, 2008
Secretary of State

Entity Name: MBCDC: SCATTERED SITES APARTMENTS, LLC

Current Principal Place of Business:

945 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

945 PENNSYLVANIA AVE.
2ND FLOOR
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-1054933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DATORRE, ROBERTO
C/O MIAMI BEACH COMMUNITY DEVELOPMENT CORP
945 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KENNEDY, KARL
Address: 945 PENNSYLVANIA AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: TOMLIN, DONALD
Address: 945 PENNSYLVANIA AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: DATORRE, ROBERTO
Address: 945 PENNSYLVANIA AVE.
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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 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: DONALD TOMLIN

MGR

02/12/2008

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