2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 06, 2003 8:00 am Secretary of State 06-06-2003 90002 018 ****50.00

1. Entity Nan	MAMI AVENUE, LLC	15/52				101000	A.C	
Principal Place of Business 100 S.E. 2ND STREET 18TH FLOOR MIAM) FL 33131		Mailing Address 100 S.E. 2ND STREET 18TH FLOOR MIAM) FL 33131				101069		2:110 (140 140)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Numi	oer 68-0501764	 }	Applied For
Zip	Country	Zip	Country		5. Certificat	e of Status Desired	\$5.00 Ac	
	B. Name and Address of Current I	Registered Agent		iame :	7. Name an	d Address of New Regis	tered Agent	
PENNEKAMP, J. MICHAEL ESQ. 100 S.E. 2ND STREET		Street Address		P.O. Box Number is Not Acceptable)				
18TH FLOOR MANI FL 33131					1			
			С	ity			FL Zip Coo	de
the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its n	egistered o	ffice or register	ed agent, or bo	oth, in the State of Florida.	I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent w			rt signature required	when reinstating)		DATE	
		Make Check Payable Due			nt of State			
9.	MANAGING MEMBER	AS/MANAGERS A Delete	10. TITLE	Tools	RM	ADDITIONS/CHA	NGES Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	PENNSKAMP, MARY JEAN 6710 LEJEUNE ROAD CORAL GABLES FL 33146	Ashara	NAME STREET AD CITY-ST-Z	Pen Oness 6710	nelamp o LeJE	o, mary Jean LUNE ROAD es, FC 3311		Addition State
TITLE NAME STREET ADORESS CITY:ST:ZP	MGRM PENNSKAMP, TOM 6710 LEJEUNE ROAD CORAL-GABLES-FL-33146	Oetete	TITLE NAME STREET AD CITY-ST-2	MG Deni	0.00	P, TOMO	Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	DRESS	:		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADE CITY-ST- 2				Change	Acdition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADD CITY-ST-20	,	,		Change	Alldation
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Defete	TITLE NAME STREET ADD CITY-ST-ZI	P			☐ Change	Addition
11. I hereby condicated of limited liab	ertify that the information supplied with the on this report is true and accurate and the office of the receiver or trustee of the receiver or trustee.	his filing does not qualify for the may my signature shall have the propowered to execute this re-	e exemption e same lega port as requ	on stated in Sec al effect as if ma stred by Chapte	ation 119.07(3)(ade under oath er 608, Florida S	i), Florida Statutes. I furthe that I am a managing m tatutes.	er certify that the in ember or manage	nformation or of the
SIGNATI	URE:	AND MAKE THE PROPERTY OF THE PARTY OF THE PA	TER, OR AUTH	ORIZED REPRESEN	TATIVE 4	-28-03	Daytime Phone #	