2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # L02000010157 1. Entity Name MFA PROPERTIES, LLC Principal Place of Business Mailing Address 6145 S.W. 92ND ST. 6145 S.W. 92ND ST. MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FE! Number Applied For 04-3657308 Not Applicable Zιρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIAMI CORPORATE SYSTEMS, INC. Street Address (P.O. Box Number is Not Acceptable) 283 CATALONIA AVENUE, 2ND FLOOR CORAL GABLES FL 33134 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent, Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGR TITLE Defete Addition | ☐ Change U00000053490 NAME FERNANDEZ, GUILLERMO NAME 02/16/04-80133-014 50.00 STREET ADDRESS 6145 S.W. 92ND ST. STREET ADDRESS CRY+ST-ZIP MIAMI FL 33156 CITY-ST-ZIP THILE ☐ Uelete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TILLE ☐ Detete HHE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IST 8 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7/P CATY +ST-ZIP Delete TITLE TIME ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY - ST. 7/P CETY-ST-7/P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 prostee empowered to execute this report as required by Chapter 608, Florida Statutes.

6414CAMO FELMENTE

SIGNATURE:

2/11/04

FILED