

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000002444

FILED
Apr 21, 2009
Secretary of State**Entity Name:** MAYFIELD PROPERTIES LC**Current Principal Place of Business:**1395 BRICKELL AVE
200
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**1395 BRICKELL AVE
200
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 45-0501690**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STEWART, ROBERT W P.A.
1395 BRICKELL AVE #650
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**STEWART, ROBERT W P.A.
18001 OLD CUTLER ROAD
SUITE 600
MIAMI, FL 33157 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:

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** PRES () Delete
Name: MACHADO DA CRUZ, FRANCISCO
Address: 1395 BRICKELL AVE #200
City-St-Zip: MIAMI, FL 33131**Title:** VP () Delete
Name: HARRINGTON, DONALD JR
Address: 1395 BRICKELL AVE #200
City-St-Zip: MIAMI, FL 33131**Title:** VP () Delete
Name: SENKER, JOSEPH A
Address: 1395 BRICKELL AVE #200
City-St-Zip: MIAMI, FL 33131**Title:** SEC () Delete
Name: HARRINGTON, DONALD JR
Address: 1395 BRICKELL AVENUE #200
City-St-Zip: MIAMI, FL 33131**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:**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: JOSEPH SENKER

VP

04/21/2009

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