


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90024 020 \*\*\*\*55.00

<b>DOCUMENT # L03000028317</b> 1. Entity Name <b>MM REAL ESTATE, LLC</b>					
Principal Place of Business <b>6101 BLUE LAGOON DRIVE, SUITE 200 MIAMI, FL 33126</b>			Mailing Address <b>6101 BLUE LAGOON DRIVE, SUITE 200 MIAMI, FL 33126</b>		
2. Principal Place of Business <b>5959 BLUE LAGOON DR</b>		3. Mailing Address <b>5959 BLUE LAGOON DR</b>			
Suite, Apt. #, etc. <b>SUITE 400</b>		Suite, Apt. #, etc. <b>SUITE 400</b>			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>			
Zip <b>33126</b>	Country <b>US</b>	Zip <b>33126</b>	Country <b>US</b>	4. FEI Number <b>05-0583701</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FREYRE, PEDRO A ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR TAMAYO, JAIME 6101 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/25/05</b>		Daytime Phone # <b>305-5292000</b>