## 2007 LIMITED LIABILITY COMPANY

## Apr 02, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000011540** 04-02-2007 90438 033 \*\*\*\*50.00 1. Entity Name MN 3109, LLC 00031400 Principal Place of Business Mailing Address 18001 COLLINS AVE 18001 COLLINS AVE SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2425265 Not Applicable Zip Country 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 FIELDSTONE, RONALD R Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIR, STE 601 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITI F ☐ Delete TITLE ☐ Addition NAME SOLOMON, LESLIE NAME STREET ADDRESS 89 FIFTH AVENUE STREET ADDRESS CHY-ST-ZIP NEW YORK, NY 10003 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DEZERTZOU, GIL NAME NAME 18001 COLLINS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition **GURWITZ, FSLEE** NAME NAME 89 FIFTH AVENUE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP NEW YORK, NY 10003 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete سيلاا П Спалое ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Daytime Phone #

SIGNATURE: Y( ) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE