## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Mar 15, 2007 8:00 am DOCUMENT # L05000016811 Secretary of State 1. Entity Name 03-15-2007 90134 024 \*\*\*\*55.00 RS MARY STREET HOLDINGS, LLC Principal Place of Business Mailing Address 3390 MARY ST, STE 200 3390 MARY ST, STE 200 **COCONUT GROVE FL 33133 COCONUT GROVE FL 33133** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number **NO-T APPLICABLE** Not Applicable 7ip 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 Name SWERDLOW, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3390 MARY STREET, SUITE 200 COCONUT GROVE FL 33133 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 4 applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Change ☐ Addition TITLE □ Delete THILE MM NAME NAME SWERDLOW, RICHARD STREET ADDRESS STREET ADDRESS 3390 MARY STREET, SUITE 200 CITY-ST-ZIP CITY-ST-7IP **COCONUT GROVE FL 33133** HILE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete DILE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change (C) Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP ☐ Delete Change ☐ Addition HILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF ■ Addition Change Delete 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 Section 119, Florida Statutes. I further certify that the information indicated on this report is true-and accorate 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED