

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018698

Entity Name: F.U.P. MOB MANAGEMENT, LLC

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

10 SW S RIVER DR
STE 913
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

10 SW S RIVER DR
STE 913
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 26-0118036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASTER, REALITY
1943 NE 148TH STREET
N. MIAMI, FL 331811162 US

Name and Address of New Registered Agent:

LASTER, REALITY
10 SW S RIVER DR
STE 913
MIAMI, FL 33130 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: REALITY LASTER

01/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENSHMUEL, MARK
Address: 10 SW S RIVER DR STE 913
City-St-Zip: MIAMI, FL 33130 US

Title: MGRM () Delete
Name: RODDIN, BRITNI
Address: 10 SW S RIVER DR STE 913
City-St-Zip: MIAMI, FL 33130 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIMICH, CINDY
Address: 10 SW S RIVER DR, STE 913
City-St-Zip: MIAMI, FL 33130 US

Title: MGRM (X) Change () Addition
Name: LASTER, REALITY
Address: 10 SW SRIVER DR, STE 913
City-St-Zip: MIAMI, FL 33130 US

I hereby certify that the information supplied with this filing does not qualify for the 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: REALITY LASTER

MGRM

01/25/2007

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