

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90218 002 ****50.00

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DOCUMENT # L05000025721 1. Entity Name 170 BALSAM, LLC					
Principal Place of Business 9200 SOUTH DADELAND BLVD., SUITE #412 MIAMI, FL 33156			Mailing Address 9200 SOUTH DADELAND BLVD., SUITE #412 MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box # <i>9350 S Dixie Hwy</i> Suite, Apt. #, etc. <i>Posthouse V</i>		3. Mailing Address <i>9350 S Dixie Hwy</i> Suite, Apt. #, etc. <i>Posthouse V</i>			
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL</i>		4. FEI Number 20-2430716	
Zip <i>33156</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOLLEY, SHAWN 9200 SOUTH DADELAND BLVD., SUITE #412 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <i>2/7/07</i> <small>DATE</small> </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KET, LLC <input type="checkbox"/> Delete 9200 SOUTH DADELAND BLVD SUITE 412 MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>9350 S. Dixie Hwy PH V</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MIAMI FL 33156</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GGM, LLC <input type="checkbox"/> Delete 9200 SOUTH DADELAND BLVD SUITE 412 MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>9350 S. Dixie Hwy PH V</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MIAMI FL 33156</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MIMISA #4, LLC <input type="checkbox"/> Delete 9200 SOUTH DADELAND BLVD SUITE 412 MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>9350 S. Dixie Hwy PH V</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MIAMI FL 33156</i>	
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	
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	
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 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.					
SIGNATURE: <i>[Signature]</i> <i>2/7/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					