

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 12, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000061501</b><br>1. Entity Name<br>LITTLE HAVANA ASSOCIATES, LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>150 S.E. 2ND AVENUE<br>807<br>MIAMI, FL 33131 | Mailing Address<br>150 S.E. 2ND AVENUE<br>807<br>MIAMI, FL 33131 |
|--|--|

DO NOT WRITE IN THIS SPACE



09092008 No Chg-LLC      CR2E083 (12/07)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>20-3185971   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

DRESZER, ELI  
 150 S.E. 2ND AVENUE  
 807  
 MIAMI, FL 33131

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

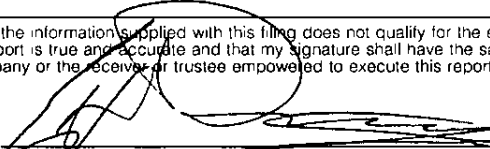
FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008

| 9. MANAGING MEMBERS/MANAGERS |                            |
|------------------------------|----------------------------|
| TITLE                        | MGR                        |
| NAME                         | MFM PLAZA ASSOCIATES, LLC  |
| STREET ADDRESS               | 150 SE 2ND AVENUE, STE 807 |
| CITY- ST- ZIP                | MIAMI, FL 33131            |
| TITLE                        |                            |
| NAME                         |                            |
| STREET ADDRESS               |                            |
| CITY- ST- ZIP                |                            |
| TITLE                        |                            |
| NAME                         |                            |
| STREET ADDRESS               |                            |
| CITY- ST- ZIP                |                            |
| TITLE                        |                            |
| NAME                         |                            |
| STREET ADDRESS               |                            |
| CITY- ST- ZIP                |                            |

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000000958581  
 09/12/08-80002-027 538.75

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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #