

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90189 016 ***138.75

DOCUMENT # L05000078209					
1. Entity Name MELROSE COURTYARD, LLC					
Principal Place of Business 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 US			Mailing Address 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 370 MINORCA AVE		3. Mailing Address 370 MINORCA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Gables FL		City & State Coral Gables FL		04252008 Chg-LLC CR2E083 (12/06)	
Zip 33134		Country USA		4. FEI Number 20-3279631	
City Coral Gables		State FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PERDIGON, SCOTT J ESQ. 9100 SOUTH DADELAND BOULEVARD SUITE 1802 - PH2 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name: Ximena Bernas Street Address (P.O. Box Number is Not Acceptable): 370 MINORCA AVE City: Coral Gables FL Zip Code: 33134		
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: <u>Ximena Bernas</u> DATE: <u>4-24-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLY, WILLIAM H 1395 BRICKELL AVENUE, SUITE 900- MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	370 MINORCA AVE Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Ximena Bernas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4/24/08</u> Daytime Phone: <u>305/777/0300</u>		