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May 02, 2007 8:00 am
Secretary of State
05-02-2007 90360 026 ***150.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092464

1. Entity Name
MA PROPERTY MANAGEMENT, LLC.

40102075

Principal Place of Business	Mailing Address
1165 W 49TH STREET PMB 1078 HIALEAH, FL 33012	1165 W 49TH STREET PMB 1078 HIALEAH, FL 33012

02272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9737 NW 41st	9737 NW 41 ST
Suite, Apt. #, etc. 488	Suite, Apt. #, etc. 488
City & State MIAMI F	City & State MIAMI, Fl.
Zip 33178 Country U-SA	Zip 33178 Country U.SA.

4. FEI Number 20-3500059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, ARNALDO 290 RACQUET CLUB ROAD SUITE 106 WESTON, FL 33326	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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 ALVAREZ, ARNALDO 8061 NW 36TH ST. MIAMI, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALVAREZ, Arnaldo 9737 NW 41st #488 DORAL FL. 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE LA PERIA, CLAUDIA P 8061 NW 36TH ST., SUITE 620 MIAMI, FL 33326	☑ Delete (Delete)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4-30-2007 786-406-9747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #