

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097368

FILED
Jul 13, 2008
Secretary of State

Entity Name: MMR PROPERTIES LAUDERHILL, LLC

Current Principal Place of Business:

6401 S.W. 87TH AVE., SUITE 107
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

301 E. 66TH STREET
NEW YORK, NY 10021

New Mailing Address:

301 E. 66TH STREET
NEW YORK, NY 10065

FEI Number: 20-3852407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HECK, G. WILLIAM
6401 S.W. 87TH AVE., SUITE 107
MIAMI, FL 33173 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HECK, G. WILLIAM
Address: 6401 S.W. 87TH AVE., SUITE 107
City-St-Zip: MIAMI, FL 33173

Title: MGR () Delete
Name: HAMBURG, MARTIN D
Address: 301 E. 66TH STREET
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HAMBURG, MARTIN D
Address: 301 E. 66TH STREET
City-St-Zip: NEW YORK, NY 10065

I hereby certify that the information supplied with this filing does not qualify 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: MARTIN D HAMBURG

MGR

07/13/2008

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