

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012185

Entity Name: MAMI 7101 HOLDINGS LLC

FILED  
Mar 10, 2009  
Secretary of State

## Current Principal Place of Business:

235 ALCAZAR  
CORAL GABLES, FL 33134

## New Principal Place of Business:

235 ALCAZAR AVENUE  
CORAL GABLES, FL 33134

## Current Mailing Address:

235 ALCAZAR AVE  
CORAL GABLES, FL 33134

## New Mailing Address:

235 ALCAZAR AVENUE  
CORAL GABLES, FL 33134

FEI Number: 20-5415939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CEASE, BRUCE M ESQ  
235 ALCAZAR AVE  
CORAL GABLES, FL FL33134 US

## Name and Address of New Registered Agent:

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: CEASE, MICHAEL S  
Address: 235 ALCAZAR AVE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition  
Name: ALONSO, ARMANDO  
Address: 12951 SW 124 STREET  
City-St-Zip: MIAMI, FL 33186 US

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: MICHAEL S CEASE

MGR

03/10/2009

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