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L06000017011

2007 JUN 26 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000017011				FILED	
1. Entity Name GMN - VILLAGE CENTRE, LLC				2007 JUN 26 PM 12: 13	
Principal Place of Business 300 N.W. 12TH AVENUE MIAMI, FL 33128		Mailing Address 300 N.W. 12TH AVENUE MIAMI, FL 33128		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTORANO, SAL 300 N.W. 12TH AVENUE MIAMI, FL 33128				Name Agustin Dominguez	
				Street Address (P.O. Box Number is Not Acceptable)	
				300 NW 12 Ave	
				City MIAMI	FL 33128
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 A. Dominguez		(NOTE: Registered Agent signature required when registering)		DATE 05/01/2007	
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 GREATER MIAMI NEIGHBORHOODS, INC. 300 N.W. 12TH AVENUE MIAMI, FL 33128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input 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: [Signature]		Date 05/01/2007 (305) 324-5505			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			