2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020164

Entity Name: MIP MANAGEMENT, LLC

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2931 LOUISE STREET 2931 LOUISE STREET

COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 US

Current Mailing Address: New Mailing Address:

2931 LOUISE STREET 2931 LOUISE STREET

COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 US

FEI Number: 20-5185476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLASP INC. 3001 TAMIAMI TRAIL NORTH, 4TH FLOOR

2931 LOÚISE STREET NAPLES, FL 34103 COCONUT GROVE, FL 33133 US 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.

MORRIS, AARON M

SIGNATURE: AARON M. MORRIS 03/02/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: () Change (X) Addition

MORRIS, AARON M Name: Name: Address: Address: 2931 LOUISE STREET

City-St-Zip: City-St-Zip: COCONUT GROVE, FL 33133 US

() Change (X) Addition Title: Title: MGR () Delete

Name: Name: MORRIS, ANNA R Address: Address: 2931 LOUISE STREET

City-St-Zip: City-St-Zip: COCONUT GROVE, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: AARON M. MORRIS 03/02/2007