

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State

05-18-2007 90222 008 ****50.00

DOCUMENT # L06000027816																																									
1. Entity Name MF W CONDO 629, LLC																																									
Principal Place of Business 390 PARK AVENUE 3RD FL NEW YORK NY 10022			Mailing Address 390 PARK AVENUE 3RD FL NEW YORK NY 10022																																						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State		4. FEI Number 120-4569452																																					
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																					
6. Name and Address of Current Registered Agent DANY, ROBERT E ESQ 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____																																									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 55%; padding: 5px;"> UGA MICHAEL FUCHS 390 PARK AVE 3rd fl NEW YORK N.Y 10022 </td> <td style="width: 10%; text-align: center; padding: 5px;"> ☐ Delete </td> <td style="width: 15%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> AMGR HERMAN, PHILIP 390 PARK AVE 3rd fl NEW YORK N.Y 10022 </td> <td style="text-align: center; padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> AMGR DADY, ROBERT E 201 ALHAMBRA CIRCLE #601 CORAL GABLES FL 33134 </td> <td style="text-align: center; padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY- ST- ZIP	UGA MICHAEL FUCHS 390 PARK AVE 3rd fl NEW YORK N.Y 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	AMGR HERMAN, PHILIP 390 PARK AVE 3rd fl NEW YORK N.Y 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	AMGR DADY, ROBERT E 201 ALHAMBRA CIRCLE #601 CORAL GABLES FL 33134	☐ 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	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Date <u>5-1-07</u> Daytime Phone # <u>212-308-1000</u>																																									