
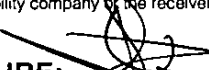


FILED
Apr 28, 2008 8:00 am
Secretary of State

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DOCUMENT # L06000059479				04-28-2008 90058 023 ***138.75	
1. Entity Name NE 164TH STREET HOLDINGS, LLC					
Principal Place of Business 18911 COLLINS AVENUE, #407 SUNNY ISLES BEACH, FL 33160		Mailing Address 18911 COLLINS AVENUE, #407 SUNNY ISLES BEACH, FL 33160			
2. Principal Place of Business - No P.O. Box # 17501 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 340		3. Mailing Address 17501 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 340		03132008 Chg-LLC CR2E083 (12/06)	
City & State AVENTURA FLORIDA		City & State AVENTURA FLORIDA		4. FEI Number 26-0420247	
Zip 33160		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CUEVAS & ORTIZ, P.A. 536 BILTMORE WAY 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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACALA, LLC 18911 COLLINS AVENUE, #407 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAMA INTERNATIONAL DEVELOPMENTS LIMITED 18911 COLLINS AVENUE, #407 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA LAND INVESTMENTS LIMITED 18911 COLLINS AVENUE, #407 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA GREENLAND, LLC 18911 COLLINS AVENUE, #407 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAXVEST HOLDINGS, LLC 536 BILTMORE WAY CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN LIGHT PORTFOLIO, LLC 18911 COLLINS AVENUE, #407 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  ANTONIO GASTELBOND - SECRETARY 4/23/2008 305 949 9454					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					