

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90037 022 ***138.75

DOCUMENT # L06000084875

1. Entity Name
M.A.M.C. WINDWARD, LLC.



Principal Place of Business
**501 CONTINENTAL PLAZA, 3250 MARY STREET
COCONUT GROVE, FL 33133**

Mailing Address
**501 CONTINENTAL PLAZA, 3250 MARY STREET
COCONUT GROVE, FL 33133**

60037650



2. Principal Place of Business - No P.O. Box #
3250 Mary Street

3. Mailing Address
3250 Mary Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 402

Suite 402

City & State

City & State

Coconut Grove, FL

Coconut Grove, FL

Zip

Country

Zip

Country

33133

33133

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5822778

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASSENHEIMER, JAMES D
JAMES D. GASSENHEIMER, P.A.
3250 MARY STREET, STE 307
COCONUT GROVE, FL 33133**

Name
Michael Goldberg
Street Address (P.O. Box Number is Not Acceptable)
3250 Mary Street
Suite 402
City
Coconut Grove FL Zip Code
33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/08

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
**MGR
DB WINDWARD MANAGER INCORPORATED
501 CONTINENTAL PLAZA, 3250 MARY STREET
COCONUT GROVE, FL 33133** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**UGR
Michael Goldberg (receiver)
3250 Mary Street Suite 402
Coconut Grove, FL 33133** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/08

Date

Daytime Phone #