

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 01, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90190 026 \*\*\*138.75

<b>DOCUMENT # L07000018259</b>			
<b>1. Entity Name</b> MGT-1 MANAGEMENT, LLC			
<b>Principal Place of Business</b> 1395 BRICKELL AVE 900 MIAMI, FL 33131		<b>Mailing Address</b> 1395 BRICKELL AVE 900 MIAMI, FL 33131	
<b>2. Principal Place of Business - No P.O. Box #</b> 370 Minorca Ave		<b>3. Mailing Address</b> 370 Minorca Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Coral Gables FL		<b>City &amp; State</b> Coral Gables FL	
<b>Zip</b> 33134		<b>Country</b> USA	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required		<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  PARDO & GAINSBURG, LLP 2 SOUTH BISCAYNE BLVD. 2475 MIAMI, FL 33131			
<b>7. Name and Address of New Registered Agent</b> Name: <u>Ximena Berrios</u> Street Address (P.O. Box Number is Not Acceptable): <u>370 Minorca Ave</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>			
<b>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.</b> SIGNATURE: <u>Ximena Berrios</u> DATE: <u>4-24-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refreshing)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MGT-1 INVESTMENT, LLC 1395 BRICKELL AVE, SUITE 900 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	370 Minorca Ave Coral Gables FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u>		Date: <u>4-24-08</u> Daytime Phone #: <u>305 777 0300</u>	