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Mar 17, 2008 8:00 am
Secretary of State

02-14-2008 90076 036 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

DOCUMENT # L07000022169

1. Entity Name
UMOJA VILLAGE, LLC

Principal Place of Business	Mailing Address
~~155 SOUTH MIAMI AVENUE 850 MIAMI, FL 33130 US~~	~~155 SOUTH MIAMI AVENUE 850 MIAMI, FL 33130 US~~

30002346

01242008 Chg-LLC CR2E083 (12/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2828 Coral Way		2828 Coral Way	
Suite, Apt. #, etc. 500		Suite, Apt. #, etc. 500	
City & State Miami FL.		City & State Miami, FL.	
Zip 33145	Country U.S.	Zip 33145	Country U.S.

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, GARY J
201 SOUTH BISCAYNE BOULEVARD
1600
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Berman, Stephanie
Street Address (P.O. Box Number is Not Acceptable): 2828 Coral Way # 500
City: Miami FL Zip Code: 33145

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] 1/24/08
Signature, typed or printed name of registered agent and title if applicable. (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	☐ Delete	TITLE President / NAME Stephanie Berman / STREET ADDRESS 2828 Coral Way #500 / CITY-ST-ZIP Miami, FL 33145	☐ 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 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] 1/24/08 305-371-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #