FILED
Mar 17, 2008 8:00 am
Secretary of State

02-14-2008 90076 036 ***138.75

2/1

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000022169

1. Entity Name
UMOJA VILLAGE, LLC

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

Mailing Address
~~155~~ SOUTH MIAMI AVENUE
850
MIAMI, FL 33130 ~~US~~

30002346

01242008 Chg-LLC CR2E083 (12/06)

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

3. Mailing Address
2828 Coral Way
Suite, Apt. #, etc.
500
City & State
Miami, FL.
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 Stephanie Ber 1/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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
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TITLE NAME STREET ADDRESS 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: Stephanie Ber 1/24/08 305-371-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #