


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90037 023 \*\*\*138.75

**DOCUMENT # L07000052982**

1. Entity Name  
**MAMC FOUR AMBASSADORS 5-100 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**

**60037649**



2. Principal Place of Business - No P.O. Box #  
**3250 Mary Street**  
Suite, Apt. #, etc.  
**Suite 402**  
City & State  
**Coconut Grove, FL**  
Zip  
**33133**

3. Mailing Address  
**3250 Mary Street**  
Suite, Apt. #, etc.  
**Suite 402**  
City & State  
**Coconut Grove, FL**  
Zip  
**33133**

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**86-1216670**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BSPA CORPORATE SERVICES, INC.  
350 E. LAS OLAS BLVD., STE. 1000  
FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE **4/30/08**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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
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
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

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:** \_\_\_\_\_ **4/30/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #