2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-22-2008 90513 015 ****50.00
06-20-2008 90113 007 ****88.75

50007315

DOCUMENT # L07000118423

1. Entity Name
MAMC AIRPORT EXECUTIVE, LLC

Principal Place of Business	Mailing Address
3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133	3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133

04012008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3250 Mary Street	3250 Mary Street
Suite, Apt. #, etc.: Suite 402	Suite, Apt. #, etc.: Suite 402
City & State: Coconut Grove, Fl.	City & State: Coconut Grove, Fl.
Zip: 33133 Country:	Zip: 33133 Country:

4. FEI Number 26-1479180 ~~NOT APPLICABLE~~ ☐ 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
GOLDBERG, ALAN L 3250 MARY STREET SUITE 501 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] 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M.A.M.C. INCORPORATED 3250 MARY STREET, SUITE 501 COCONUT GROVE, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 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
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: [signature] 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #