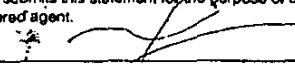
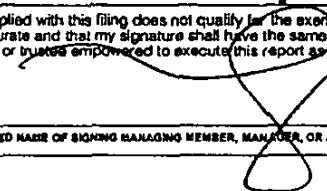


FILED
Jun 20, 2008 8:00 am
Secretary of State

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

**2008 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

DOCUMENT # L07000118423			
1. Entity Name MAMC AIRPORT EXECUTIVE, LLC			
Principal Place of Business 3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133		Mailing Address 3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133	
2. Principal Place of Business - No P.O. Box # 3250 Mary Street		3. Mailing Address 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
6. Name and Address of Current Registered Agent GOLDBERG, ALAN L 3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Michael Goldberg 3250 Mary Street Suite 402 Coconut Grove FL 33133	
4. FEI Number 26-1479180 NOT APPLICABLE			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
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 fee if applicable. (NOTE: Registered Agent signature required when releasing)			
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
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
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:  DATE: 4/30/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #			

50007315



04012008 Chg-LLC CR2E083 (12/08)