



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90037 042 \*\*\*138.75

<b>DOCUMENT # L07000121005</b> 1. Entity Name <b>MAMC MORAN, LLC</b>					
Principal Place of Business <b>3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133</b>			Mailing Address <b>3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133</b>		
2. Principal Place of Business - No P.O. Box # <b>3250 Mary Street</b> Suite, Apt. #, etc. <b>SUITE 402</b> City & State <b>Coconut Grove, FL</b> Zip <b>33133</b>		3. Mailing Address <b>3250 Mary Street</b> Suite, Apt. #, etc. <b>SUITE 402</b> City & State <b>Coconut Grove, FL</b> Zip <b>33133</b>		<b>60037628</b> 	
04012008 Chg-LLC CR2E083 (12/06)				4. FEI Number <b>26-1519324</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GOLDBERG, ALAN L 3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133</b>			7. Name and Address of New Registered Agent Name <b>Michael Goldberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>3250 Mary Street</b> <b>SUITE 402</b> City <b>Coconut Grove, FL</b> Zip Code <b>33133</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>4/30/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>GOLDBERG, ALAN L</b> <b>3250 MARY STREET, SUITE 510</b> <b>COCONUT GROVE, FL 33133</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Michael Goldberg</b> <b>3250 Mary Street Suite 402</b> <b>Coconut Grove, FL 33133</b>	<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
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/30/08</b> <small>Daytime Phone #</small>		