


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90037 043 \*\*\*138.75

<b>DOCUMENT # L07000126047</b>	
1. Entity Name <b>MAMC FLORIDA SPORTSDANCE, 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>
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**60037627**



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> Country	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> Country
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04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-1616560</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GOLDBERG, ALAN 3250 MARY STREET SUITE 501 COCONUT GROVE, FL 33133</b>
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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</b> <b>FL</b> Zip Code <b>33133</b>
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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)

<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>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAMC INCORPORATED 3250 MARY STREET, SUITE 501 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Michael Goldberg 3250 Mary Street, Suite 402 Coconut Grove, Fl. 33133 <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
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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:** \_\_\_\_\_ **4/30/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #