

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050240

FILED
Jan 17, 2009
Secretary of State

Entity Name: 1830 MM LLC

Current Principal Place of Business:

1440 W INDIANTOWN
100
JUPITER, FL 33458

New Principal Place of Business:

1440 W INDIANTOWN ROAD
100
JUPITER, FL 33458

Current Mailing Address:

1440 W INDIANTOWN
100
JUPITER, FL 33458

New Mailing Address:

1440 W INDIANTOWN ROAD
100
JUPITER, FL 33458

FEI Number: 26-2644891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, JOSHUA A
1440 W INDIANTOWN
100
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMON, JOSHUA A
Address: 1440 W INDIANTOWN, #100
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: NORTMAN, MICHAEL
Address: 666 DUNDEE ROAD, #903
City-St-Zip: NORTHBROOK, IL 60062

Title: MGR () Delete
Name: MILLER, MILTON JR
Address: 20 FALLING WATER COURT
City-St-Zip: REISTERSTOWN, MD 21136

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSH SIMON

MGR

01/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date