

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000036

1. Entity Name  
2525 E. HILLSBOROUGH AVENUE MM, LLC



Principal Place of Business  
C/O URBANAMERICA, L.P.  
30 BROADSTREET, 31ST FLOOR  
NEW YORK, NY 10004

Mailing Address  
C/O URBANAMERICA, L.P.  
30 BROADSTREET, 31ST FLOOR  
NEW YORK, NY 10004

**FILED**  
**Jun 13, 2008 08:00 AM**  
**Secretary of State**



05152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4093240

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
URBANAMERICA, L.P.  
30 BROAD STREET 31ST FLOOR  
NEW YORK, NY 10004

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000953091  
06/13/08-80002-023 143.75

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #