2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04 JUN 18 AM 10:24
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001290

1. Entity Name
17161 NW 27TH AVENUE MM, LLC

Principal Place of Business	Mailing Address
30 BROAD ST., 31ST FLOOR NEW YORK, NY 10004	30 BROAD ST., 31ST FLOOR NEW YORK, NY 10004

06172004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 13-4123199 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WASHINGTON, L C/O HOLLAND & KNIGHT 701 BRICKELL AVE. SUITE 3000 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URBAN AMERICA LP 30 BROAD ST., 31ST FLOOR NEW YORK, NY 10004	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400038099084	☐ 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 exemption stated in Section 119.07(3)(i), 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], Authorized Representative 06/16/04 305-789-7798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CSC

CORPORATION SERVICE COMPANY

M06000001290

ACCOUNT NO. : 072100000032

REFERENCE : 762136 4144A

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 55.00

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04 JUN 18 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 18, 2004

ORDER TIME : 1:45 PM

ORDER NO. : 762136-005

CUSTOMER NO: 4144A

CUSTOMER: Ms. Samantha F. Grafals
Holland & Knight Llp
Suite 3000
701 Brickell Avenue
Miami, FL 33131

RECEIVED
04 JUN 18 PM 2:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: 17161 NW 27TH AVENUE MM, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____