

#264

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001428

1. Entity Name

4150 FORD STREET, FT. MEYERS, FLORIDA MM, LLC



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

Principal Place of Business

C/O URBANAMERICA L.P.
30 BROAD STREET, 31ST FLOOR
NEW YORK, NY 10004

Mailing Address

C/O URBANAMERICA L.P.
30 BROAD STREET, 31ST FLOOR
NEW YORK, NY 10004



05152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4126889

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 MGRM
NAME URBANAMERICA LP
STREET ADDRESS 30 BROAD STREET, 31ST FLOOR
CITY-ST-ZIP NEW YORK, NY 10004

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U00000953090
06/13/08-80002-022 143.75

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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 #