FILED

07 MAY -4 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001565

1. Entity Name
MMA FINANCIAL EQUITY I, LLC

Principal Place of Business	Mailing Address
621 EAST PRATT STREET SUITE 300 BALTIMORE, MD 21202	621 EAST PRATT STREET SUITE 300 BALTIMORE, MD 21202

DO NOT WRITE IN THIS SPACE

05022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
74-3060367

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MMA FINANCIAL EQUITY VENTURES, LLC
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

BK

800102194938
05/11/07--01007--008 **50.00

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] Brian D. Finn 05/01/2007 443-263-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #