2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 17, 2004 8:00 am Secretary of State **DOCUMENT # M02000001567** 03-17-2004 90274 032 ****50.00 1. Entity Name MMA FINANCIAL EQUITY III, LLC Principal Place of Business Mailing Address 24023619 218 NORTH CHARLES ST., STE. 500 218 NORTH CHARLES ST., STE. 500 BALTIMORE, MD 21201 BALTIMORE, MD 21201 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 4. Principal Place of Business 3. Mailing Address Same as principal Suite, Apt. #, etc. 01232004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 74-3050377 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE TITLE ☐ Change Addition MUNIMAE MIDLAND EQUITY VENTURES, LLC NAME NAME STREET ADDRESS 218 NORTH CHARLES ST., STE. 500 STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD 21201 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 frue 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 443-263-2400 -23-04 SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPR

FILED