

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M02000001567

1. Entity Name
MMA FINANCIAL EQUITY III, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 18 AM 10:53

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

Mailing Address
621 EAST PRATT STREET
SUITE 300
BALTIMORE, MD 21202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192005 REIN-LLC CR2E101 (6/04)

4. FEI Number
74-3050377

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

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MUNIMAE MIDLAND EQUITY VENTURES, LLC
218 NORTH CHARLES ST., STE. 500
BALTIMORE, MD 21201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500061554805
11/18/05--01059--018 **\$150.00

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REINSTATEMENT 2005

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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: BRIAN D. SIMS, DEPUTY GENERAL COUNSEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/19/05

Date

(443)263-2961

Daytime Phone #