

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001567

1. Entity Name
MMA FINANCIAL EQUITY III, LLC



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

03022006 Chg-LLC CR2E083 (11/05)

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

7. Name and Address of New Registered Agent

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

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 May 1, 2006

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 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
MMA Equity Ventures, LLC
621 East Pratt Street, 3rd floor, Balt. MD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000068105430
03/20/06--01020--004 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Virginia Connolly

Asst. Secretary of Member

3-2-06

443-263-2883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2006 MAR -8 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

