09/04/2008 09:54 12122695255 URBAN AM

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 09, 2008 8:00 am
Secretary of State
09-09-2008 90031 003 ***143.75

DOCUMENT # M02000002390

1. Entity Name

7900 N.W. AVENUE, LLC

0 • C
50010248

Principal Place of Business	Mailing Address
C/O URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK NY 10004	C/O URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK NY 10004

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
30 Broad St	
Suite, Apt. #, etc.: 31st Floor	Suite, Apt. #, etc.
City & State: New York NY	City & State
Zip: 10004 Country: USA	Zip / Country

2nd MOORE CR2E083 (4/08)

4. FEI Number: 33-1021951 ☐ 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

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 Corporation Service Company Michele Polsky Asst VP 9-4-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Q60050.000 MJ

FILE NOW!!! FEE IS $138.75
Make Check Payable to Florida Department of State
Due By September 31, 2008

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is $138.75 ☒

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Richmond McCoy 7900 N.W. AVENUE MM, LLC 30 BROAD STREET, 31ST FLOOR NEW YORK NY 10004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: Frank Murphy 9/4/08 212 613-9105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #