


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Sep 09, 2008 8:00 am Secretary of State

09-09-2008 90031 002 ***143.75

DOCUMENT # M02000002391 1. Entity Name 7900 N.W. AVENUE, MM, LLC	
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Principal Place of Business C/O URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK NY 10004	Mailing Address C/O URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK NY 10004
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50010249


2. Principal Place of Business - No P.O. Box # 30 Broad St.	3. Mailing Address
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Suite, Apt. #, etc. 31st Floor	Suite, Apt. #, etc.
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City & State New York NY	City & State
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Zip 10004	Country USA	Zip	Country
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4. FEI Number 33-1021951	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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
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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 9.4.2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retitling) Asst. VP DATE

960050.001
FILE NOW!!! FEE IS \$638.75
Make Check Payable to Florida Department of State
Due By September 31, 2008
6.607.193(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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <u>Richard McCoy</u> <input type="checkbox"/> Delete URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK NY 10004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 9/4/08 312-612-9105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Distinguishing Prefix #