
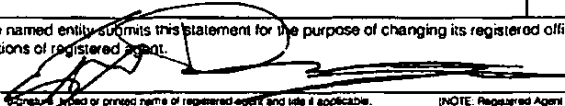



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/7

FILED
Sep 05, 2008 8:00 am
Secretary of State

08-21-2008 90020 005 ***538.75

DOCUMENT # M06000004868 1. Entity Name CJUF II MFM MORRISON LLC																													
Principal Place of Business 150 SE 2ND AVENUE - STE. 807 MIAMI, FL 33131			Mailing Address 150 SE 2ND AVENUE - STE. 807 MIAMI, FL 33131																										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number APPLIED FOR																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small> </div> <div style="width: 40%; text-align: right;"> 8/18/2008 <small>DATE</small> </div> </div>																													
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State																										
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LITTLE HAVANA ASSOCIATES, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>150 SE 2ND AVENUE - STE. 807</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td></tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	LITTLE HAVANA ASSOCIATES, LLC		STREET ADDRESS	150 SE 2ND AVENUE - STE. 807		CITY- ST- ZIP	MIAMI, FL 33131		TITLE	NAME	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 40%; text-align: right;"> 8/18/2008 <small>DATE</small> </div> <div style="width: 20%; text-align: right;"> 305-329-2931 <small>Daytime Phone #</small> </div> </div>																													

----- 30011174



07292008 Chg-LLC CR2E083 (12/06)

ATTACHMENT

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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-5607464 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested CJUF II MFM Morrison LLC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 150 SE 2nd Avenue Suite 800			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Miami FL 33131			5b City, state, and ZIP code		
6* County and state where principal business is located County Miami Dade State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor Canyon-Johnson Urban Fund II LP			7b* SSN, ITIN, EIN 20-1835025		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises Group Exemption NO. (GEN) ▶					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ real estate <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) JUN 27 2006			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>			Agriculture 0		Household 0
			Other 0		
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Other (specify) <input type="checkbox"/> Retail					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. real estate					
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name Mandie Smolich - Siskley Austin LLP			Designee's telephone number (include area code) (213) 896 - 6147	
	Address and ZIP code 555 W 5th St 38th Fl Los Angeles CA 90013			Designee's fax number (include area code) (213) 896 - 6600	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)			Applicant's telephone number (include area code)		

Print Review IRS Form SS-4 EIN

ATTACHMENT

Page 2 of 2

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▶ K Robert Turner - Authorized Signat	(310) 247 - 2700 -
Signature ▶ Not Required	Applicant's fax number (include area code)
Date ▶ September 26, 2006 GMT	(310) 247 - 8067