

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001379

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** MITA RESIDENTIAL PROPERTY SERVICES, LLC

**Current Principal Place of Business:**

C/O AFTC  
300 STAMFORD PLACE, SUITE 315  
STAMFORD, CT 06902

**New Principal Place of Business:**

C/O AMELIA FAMILY TRUST COMPANY  
55 RAILROAD AVENUE, PLAZA LEVEL  
GREENWICH, CT 06830

**Current Mailing Address:**

C/O AFTC  
300 STAMFORD PLACE, SUITE 315  
STAMFORD, CT 06902

**New Mailing Address:**

C/O AMELIA FAMILY TRUST COMPANY  
55 RAILROAD AVENUE, PLAZA LEVEL  
GREENWICH, CT 06830

**FEI Number:** 20-5958463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: ZIFF, ANN T  
Address: 55 RAILROAD AVENUE, PLAZA LEVEL  
City-St-Zip: GREENWICH, CT 06830

Title: VPT  
Name: ENGEL, KELLY  
Address: 55 RAILROAD AVENUE, PLAZA LEVEL  
City-St-Zip: GREENWICH, CT 06830

Title: VPS  
Name: GRAY, DAVID  
Address: 55 RAILROAD AVENUE, PLAZA LEVEL  
City-St-Zip: GREENWICH, CT 06830

Title: VP  
Name: STAFFORD, PAUL M  
Address: 55 RAILROAD AVENUE, PLAZA LEVEL  
City-St-Zip: GREENWICH, CT 06830

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID GRAY

VPS

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date