


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90029 030 ***150.00

DOCUMENT # P07000020262					
1. Entity Name MIAMI GREEN MEZZANINE GP, INC.					
Principal Place of Business 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131			Mailing Address 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 370 minorca Ave		3. Mailing Address 370 minorca Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Gables FL		City & State Coral Gables FL		4. FEI Number 208542157	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEHNEY, MARITZA 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: Ximena Berrios Street Address (P.O. Box Number is Not Acceptable): 370 minorca Ave City: Coral Gables FL Zip: 33134		
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: <u>Ximena Berrios</u> DATE: <u>4-24-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: HOLLY, WILLIAM H STREET ADDRESS: 1395 BRICKELL AVENUE SUITE 900 CITY-ST-ZIP: MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 370 Minorca Ave STREET ADDRESS: Coral Gables FL 33134 CITY-ST-ZIP:		
TITLE: VP NAME: MCCAMMON, ROBERT K STREET ADDRESS: 1395 BRICKELL AVENUE SUITE 900 CITY-ST-ZIP: MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 370 Minorca Ave STREET ADDRESS: Coral Gables FL 33134 CITY-ST-ZIP:		
TITLE: S NAME: MCCAMMON, ROBERT K STREET ADDRESS: 1395 BRICKELL AVENUE SUITE 900 CITY-ST-ZIP: MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 370 minorca ave STREET ADDRESS: Coral Gables FL 33134 CITY-ST-ZIP:		
TITLE: T NAME: MCCAMMON, ROBERT K STREET ADDRESS: 1395 BRICKELL AVENUE SUITE 900 CITY-ST-ZIP: MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 370 minorca Ave STREET ADDRESS: Coral Gables, FL 33134 CITY-ST-ZIP:		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-24-08 3057770300 <small>Date Daytime Phone #</small>		