

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030748

Entity Name: MC 144 HOLDINGS, LLC

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

6340 SUNSET DRIVE  
MIAMI, FL 33043

**New Principal Place of Business:**

6340 SUNSET DRIVE  
MIAMI, FL 33143

**Current Mailing Address:**

6340 SUNSET DRIVE  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 20-2611163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL 33134 US

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

JULIO C MARRERO & ASSOC., P.A  
C/O EQRAMUL I CHOWDHURY., JD  
2903 SALZEDO ST., PENTHOUSE ONE  
CORAL GABLES, FL 33134 US

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: EQRAMUL I CHOWDHURY., JD

04/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CABRERIZO, TOMAS  
Address: 6340 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33143 US

Title: MGR ( ) Delete  
Name: CAYON, MAURICE  
Address: 3857 W. 16TH AVENUE, 2ND FLOOR  
City-St-Zip: HIALEAH, FL 33012 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TOMAS CABRERIZO

MGR

04/21/2008

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