2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079078

Entity Name: MCM GOLFVIEW, LLC.

FILED Apr 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

600 BRICKELL AVE SUITE #503 444 BRICKELL AVE. MIAMI, FL 33131

828

828

MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

600 BRICKELL AVE SUITE #503 444 BRICKELL AVE

MIAMI, FL 33131

MIAMI, FL 33131

ADDITIONS/CHANGES:

FEI Number: 20-3289189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MAZZONI, FERNANDO MAZZONI, FERNANDO 600 BRICKELL AVE SUITE #503 444 BRICKELL AVE 828 MIAMI, FL 33131

MIAMI, FL 33131 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: 04/09/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: (X) Change () Addition () Delete MARIA CRISTINA MAILH, OS MARIA CRISTINA MAILH, OS Name: Name: Address: 600 BRICKELL AVE SUITE #503 Address: 444 BRICKELL AVE SUITE # 828

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete Title: MGR (X) Change () Addition Name: MORIXE, IGNACIO Name: MORIXE, IGNACIO

Address: 600 BRICKELL AVE SUITE #503 Address: 444 BRICKELL AVE SUITE # 828

City-St-Zip: MIAMI, FL 33131

MIAMI, FL 33131 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition MORIXE, FEDERICO Name: MORIXE, FEDERICO Name:

600 BRICKELL AVE SUITE #503 444 BRICKELL AVE SUITE # 828 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete Title: MGR (X) Change () Addition Name: Name: MORIXE, JOAQUIN

MORIXE, JOAQUIN

600 BRICKELL AVE SUITE #503 444 BRICKELL AVE SUITE # 828 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: FERNANDO MAZZONI 04/09/2007