

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

09-04-2008 90001 025 \*\*\*538.75

<b>DOCUMENT # L04000003907</b> 1. Entity Name <b>SANTA FE SUBSIDIARY HOLDINGS, LLC</b>			
Principal Place of Business <b>14600 SW 136TH ST MIAMI, FL 33186</b>		Mailing Address <b>14600 SW 136TH ST MIAMI, FL 33186</b>	
2. Principal Place of Business - No P.O. Box # <b>4108 Laguna Street</b> Suite, Apt. #, etc. <b>2nd Floor</b>		3. Mailing Address Suite, Apt. #, etc. 	
City & State <b>Coral Gables, FL</b>		City & State 	
Zip <b>33146</b>	Country <b>USA</b>	Zip 	Country 
4. FEI Number <b>20-2383340</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARRIS, ELLIOTT 111 SOUTHWEST THIRD STREET 6TH FLOOR MIAMI, FL 33130</b>		7. Name and Address of New Registered Agent Name <b>Ruben J. Padron</b> Street Address (P.O. Box Number is Not Acceptable) <b>10261 SW 12 Street</b> Suite # <b>103</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33173</b>	
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 <b>RUBEN J. PADRON, ESQ</b> <span style="float: right;">7/23/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MGC/MIL, LLC</b> <input checked="" type="checkbox"/> Delete <b>14600 SW 136TH ST MIAMI, FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MRC/ASIA, LLC</b> <input type="checkbox"/> Delete <b>14600 SW 136TH ST MIAMI, FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MRC/ASIA, LLC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4108 Laguna Street 2nd Floor Coral Gables, FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PGC, LLC</b> <input checked="" type="checkbox"/> Delete <b>14600 SW 136TH ST MIAMI, FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:		7/23/08 305.778-0719	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	