

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010066

Entity Name: MC GROUP INVESTMENTS, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

7049 N.W. 107 CT
DORAL, FL 33178

New Principal Place of Business:

8271 LA RAMPA ST
CORAL GABLES, FL 33143

Current Mailing Address:

7049 N.W. 107 CT
DORAL, FL 33178

New Mailing Address:

8271 LA RAMPA ST
CORAL GABLES, FL 33143

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AL ABDALLAH, MANUEL N SR.
7049 N.W. 107 CT
DORAL, FL 33178 US

Name and Address of New Registered Agent:

AL ABDALLAH, MANUEL N SR.
8271 LA RAMPA ST
CORAL GABLES, FL 33143 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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AL ABDALLAH, MANUEL N SR.
Address: 7049 N.W. 107 CT
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: FARIAS, CANDELARIA D SRA.
Address: 7049 N.W. 107 CT
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AL ABDALLAH, MANUEL N SR.
Address: 8271 LA RAMPA ST
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR (X) Change () Addition
Name: FARIAS, CANDELARIA D SRA.
Address: 8271 LA RAMPA ST
City-St-Zip: CORAL GABLES, FL 33143

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: MANUEL AL ABDALLAH

MGR

04/29/2008

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