


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000063488</b>	
1. Entity Name MCM PARTNERS, LLC	

Principal Place of Business 2600 DOUGLAS RD SUITE 712 CORAL GABLES, FL 33134	Mailing Address 2600 DOUGLAS RD SUITE 712 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 43-2086655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MILIAN, EVARIST JR  
 2600 DOUGLAS RD  
 SUITE 712  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

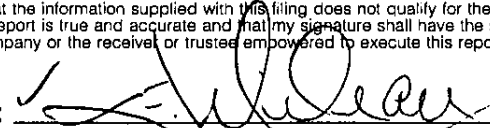
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILIAN, EVARISTO 2600 DOUGLAS RD SUITE 712 CORAL GABLES, FL 33134
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 01/16/08-80036-001 138.75

**DO NOT WRITE IN THIS SPACE**

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:**  **Date:** 1/11/08 **Daytime Phone #:** 305-442-9507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE