2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079078

Entity Name: MCM GOLFVIEW, LLC.

444 BRICKELL AVE SUITE # 828

MIAMI, FL 33131

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:		New Principal Pl	New Principal Place of Business:	
444 BRICK 828 MIAMI, FL				
Current Mailing Address:		New Mailing Add	New Mailing Address:	
444 BRICK 828 MIAMI, FL				
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 Addre	ss of New Registered Agent:	
MAZZONI, FERNANDO 444 BRICKELL AVE 828 MIAMI, FL 33131 US		444 BRICKELL AV 828	MAILHOS, CRISTINA 444 BRICKELL AVE 828 MIAMI, FL 33131 US	
	named entity submits this stateme e of Florida.	nt for the purpose of changing its regis	tered office or registered agent, or both,	
SIGNATUR	RE: CRISTINA MAILHOS		04/30/2009	
	Electronic Signature of Regi	stered Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete MARIA CRISTINA MAILHOS 444 BRICKELL AVE SUITE # 828 MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete MORIXE, IGNACIO 444 BRICKELL AVE SUITE # 828 MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete MORIXE, FEDERICO 444 BRICKELL AVE SUITE # 828 MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGR () Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CRISTINA MAILHOS RA 04/30/2009