

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086091

Entity Name: MIH CAPITAL, LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

693 GREENWOOD AVENUE  
GLENCOE, IL 60022

**New Principal Place of Business:**

**Current Mailing Address:**

8750 N.W. 36 STREET, SUITE 425  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 42-1679188      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPWIZ REGISTERED AGENTS, INC.  
8750 N.W. 36 STREET, SUITE 425  
DORAL, FL 33178      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BORAICO, CARL J  
Address: 693 GREENWOOD AVENUE  
City-St-Zip: GLENCOE, IL 60022

Title: MGR      ( ) Delete  
Name: FIGUEROA, ORLANDO  
Address: 48 WALL STREET  
City-St-Zip: NEW YORK, NY 10005

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARL BORAICO

MGR

05/01/2008

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