

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90022 043 ***138.75

DOCUMENT # L06000024847					
1. Entity Name M HOLDINGS LLC					
Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 2100 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 1100 City & State CORAL GABLES, FL Zip 33134 Country USA		3. Mailing Address 2100 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 1100 City & State CORAL GABLES, FL Zip 33134 Country USA			
5012008 Chg-LLC CR2E083 (12/06)		4. FEI Number 20-4507791		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent MCARDLE, GEORGE 201 ALHAMBRA CIRCLE SUITE 702 CORAL GABLES, FL 33134			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITTLE NAME STREET ADDRESS CITY- ST- ZIP	MR MASVIDAL, DANIEL R M/M 9440 OLD CUTLER ROAD CORAL GABLES, FL 33156	<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITTLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITTLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITTLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITTLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITTLE 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:		DANIEL MASVIDAL		5/1/08	(305) 448-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	