2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# L06000050944

Entity Name: MCF MANAGEMENT, LLC

Current Principal Place of Business:

211B N STATE ROAD 7
HOLLYWOOD, FL 33021

New Principal Place of Business:

1560 SAWGRASS CORP PKWY
4TH FLOOR
SUNRISE, FL 33323

Current Mailing Address:

12941 SW 42ND STREET
MIRAMAR, FL 33027

New Mailing Address:

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

Name and Address of Current Registered Agent:

CLEOPHAT, MAGDALINE
237 NE 160 STREET
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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:	BEAUCHAMP, MARIE	
Address:	12941 SW 42ND AVE	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	MGRM	( ) Delete
Name:	CLEOPHAT, MAGDALINE	
Address:	237 NE 160TH STREET	
City-St-Zip:	MIAMI, FL 33162	
Title:	MGRM	( ) Delete
Name:	BERNARD, SANDRA	
Address:	12941 SW 42ND AVE	
City-St-Zip:	MIRAMAR, FL 33027	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CLEOPHAT MAGDALINE MGRM 02/07/2008

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