

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061440

Entity Name: MCI MONTAUK, LLC

FILED  
Apr 23, 2007  
Secretary of State

## Current Principal Place of Business:

1 SE THIRD AVENUE, SUITE 3120  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

1 SE THIRD AVENUE, SUITE 3120  
MIAMI, FL 33131

## New Mailing Address:

ONE SE THIRD AVENUE, SUITE 3120  
MIAMI, FL 33131

FEI Number: 20-8498537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTORELLA, TIMOTHY  
1 SE THIRD AVENUE, SUITE 3120  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

MARTORELLA, TIMOTHY E  
ONE SE THIRD AVENUE  
SUITE 3120  
MIAMI, FL 33131 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: TIMOTHY MARTORELLA

04/23/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: MARTORELLA, TIMOTHY E  
Address: ONE SE 3RD AVENUE, SUITE 3120  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Change (X) Addition  
Name: CAPLIN, RUSSELL  
Address: ONE SE 3RD AVENUE, SUITE 3120  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY MARTORELLA

MGRM

04/23/2007

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