

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90238 012 ***138.75

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|--|---|---------------------------------|--|--|--|
| DOCUMENT # L06000095286 | | | | | |
| 1. Entity Name MC HOLDINGS MANAGEMENT, L.L.C. | | | | | |
| Principal Place of Business 770 SOUTH DIXIE HIGHWAY SUITE 101 CORAL GABLES, FL 33146 | | | Mailing Address 770 SOUTH DIXIE HIGHWAY SUITE 101 CORAL GABLES, FL 33146 | | |
| 2. Principal Place of Business - No P.O. Box # <i>700 SOUTH DIXIE HWY</i> | | | 3. Mailing Address <i>700 SOUTH DIXIE HWY.</i> | | |
| Suite, Apt. #, etc. <i>SUITE 100</i> | | | Suite, Apt. #, etc. <i>SUITE 100</i> | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 68-0636844 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| MATSON, DUFFIELD W III 770 SOUTH DIXIE HIGHWAY 101 CORAL GABLES, FL 33146 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) <i>700 SOUTH DIXIE HIGHWAY</i> | | |
| | | | <i>SUITE 100</i> | | |
| | | | 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 _____ | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</div> <div>Make check payable to Florida Department of State</div> </div> | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MATSON, DUFFIELD W III 770 SOUTH DIXIE HIGHWAY, SUITE 101 CORAL GABLES, FL 33146 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>700 S. DIXIE HWY, SUITE 100</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CHARLTON, JOHN W 770 SOUTH DIXIE HIGHWAY, SUITE 101 CORAL GABLES, FL 33146 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>700 S. DIXIE HWY, SUITE 100</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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: | | | Date <i>3-20-08</i> Daytime Phone # <i>305-662-3852</i> | | |