


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90190 037 \*\*\*138.75

**DOCUMENT # L06000120530**

1. Entity Name  
**MCRPB, LLC**



Principal Place of Business      Mailing Address

1395 BRICKELL AVENUE      1395 BRICKELL AVENUE  
 900      900  
 MIAMI, FL 33131 US      MIAMI, FL 33131 US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**370 Minorca Ave**      **370 Minorca Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04252008    Chg-LLC      CR2E083 (12/06)

City & State      City & State

**Coral Gables FL**      **Coral Gables FL**

Zip      Country      Zip      Country

**33134 USA**      **33134 USA**

4. FEI Number      Applied For

**20-8085546**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PERDIGON, SCOTT J ESQ.**  
**9100 SOUTH DADELAND BLVD.**  
**1701 - PH1**  
**MIAMI, FL 33156**

**7. Name and Address of New Registered Agent**

Name **Ximena Berrios**

Street Address (P.O. Box Number is Not Acceptable)

**370 Minorca Ave**

City **Coral Gables**      **FL**      Zip Code **33134**

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 **Ximena Berrios**      DATE **4-24-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	MGRM	MELROSE COURTYARD, LLC	1395 BRICKELL AVENUE, SUITE 900	<input checked="" type="checkbox"/>
			MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
		370 Minorca Ave	Coral Gables FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** **Ximena Berrios**      Date **4/24/08**      Daytime Phone # **3057780300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE