


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