


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-19-2008 90190 035 ***138.75

DOCUMENT # L06000120546 1. Entity Name MCRPD, LLC	
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Principal Place of Business 1395 BRICKELL AVENUE 900 MIAMI, FL 33131 US	Mailing Address 1395 BRICKELL AVENUE 900 MIAMI, FL 33131 US
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2. Principal Place of Business - No P.O. Box # 370 Minorca Ave	3. Mailing Address 370 Minorca Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables FL	City & State Coral Gables FL	Zip 33134	Country USA
City & State Coral Gables FL	City & State Coral Gables FL	Zip 33134	Country USA



04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8085594	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 Benios Street Address (P.O. Box Number is Not Acceptable) 370 Minorca Ave City Coral Gables FL Zip 33134
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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 Benios* (NOTE: Registered Agent signature required when reinstating) DATE 4-24-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELROSE COURTYARD, LLC			NAME	370 Minorca Ave		
STREET ADDRESS	1395 BRICKELL AVENUE, SUITE 900			STREET ADDRESS	Coral Gables FL 33134		
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP	FL 33134		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *[Signature]* Date 04/24/08 Daytime Phone # 305 777 0300