


**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**



Principal Place of Business <b>1395 BRICKELL AVENUE          900          MIAMI, FL 33131 US</b>	Mailing Address <b>1395 BRICKELL AVENUE          900          MIAMI, FL 33131 US</b>
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2. Principal Place of Business - No P.O. Box # <b>370 Minorca Ave</b>	3. Mailing Address <b>370 Minorca Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coral Gables FL</b>	City & State <b>Coral Gables FL</b>
Zip <b>33134</b>	Country <b>USA</b>



04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8085594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> 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 Benios**

Street Address (P.O. Box Number is Not Acceptable)  
**370 Minorca Ave**

City **Coral Gables FL** Zip **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 Benios* (NOTE: Registered Agent signature required when reinstating) DATE **4-24-08**

<b>FILE NOW!!! FEE IS \$138.75        After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to        Florida Department of State</b>
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**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MELROSE COURTYARD, LLC 1306 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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

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 **4/24/08** Daytime Phone # **305 777 0300**