


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-19-2008 90190 034 \*\*\*138.75

<b>DOCUMENT # L06000120568</b>						
<b>1. Entity Name</b> MCRPE, LLC						
<b>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>2. Principal Place of Business - No P.O. Box #</b> 370 Minorca Ave		<b>3. Mailing Address</b> 370 Minorca Ave				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Coral Gables FL		City & State Coral Gables FL				
Zip 33134		Country USA		<b>4. FEI Number</b> 20-8085410		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>				
<b>6. Name and Address of Current Registered Agent</b>  PERDIGON, SCOTT J ESQ 9100 SOUTH DADELAND BLVD 1701 - PH1 MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b> Name <u>ximena BERRIOS</u> Street Address (P.O. Box Number is Not Acceptable) <u>370 Minorca Ave</u> City <u>Coral Gables</u> <b>FL</b> Zip Code <u>33134</u>			
<b>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.</b> SIGNATURE <u>Ximena Berrios</u> DATE <u>4-24-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>						
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELROSE COURTYARD, LLC <del>1395 BRICKELL AVENUE, SUITE 900</del> MIAMI, FL 33131		<input checked="" type="checkbox"/> Delete	TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>370 Minorca Ave</u> <u>Coral Gables FL 33134</u>	
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>						
SIGNATURE: <u>[Signature]</u>				Date <u>4/24/08</u> Daytime Phone # <u>305 777 0300</u>		