2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 19, 2008 8:00 am Secretary of State **DOCUMENT # L06000120575** 05-19-2008 90190 033 ***138.75 1. Entity Name MCRPF, LLC Principal Place of Business Mailing Address 1395 BRICKELL AVENUE 1395 BRICKELL AVENUE 900 MIAMI, FL 33131 US MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 370 MINOV (AAV Mailing Address 370 M<u>1116/(</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 04252008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-8085631 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Berrios xımena PERDIGON, SCOTT J ESQ Street Address (P.O. Box Number is Not Acceptable) 9100 SOUTH DADELAND BLVD 1701 - PH1 MIAMI, FL 33156 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 q istered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE TITLE ☑ Change Addition MELROSE COURTYARD, LLC NAME NAME STREET ADDRESS 1395 BRICKELL AVENUE STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIA CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP City-St-ZIP Delete TIT! F TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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CITY-ST-ZIP

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