


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-19-2008 90189 012 ***138.75

DOCUMENT # L06000120581

1. Entity Name
MCRPG, LLC



Principal Place of Business Mailing Address

1395 BRICKELL AVENUE 1395 BRICKELL AVENUE
900 900
MIAMI, FL 33131 US MIAMI, FL 33131 US

60042238



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

20-8085493 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PERDIGON, SCOTT J ESQ
9100 SOUTH DADELAND BLVD
1701 - PH1
MIAMI, FL 33156

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		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	MELROSE COURTYARD, LLC	NAME	
STREET ADDRESS	1305 BRICKELL AVENUE, SUITE 000	STREET ADDRESS	370 Minorca Ave
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Coral Gables FL 33134
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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:  DATE: 4/24/08 DAYTIME PHONE #: 305 777 0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #