

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000027734

Entity Name: MFCMGP, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O MENIN DEVELOPMENT  
324 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MENIN DEVELOPMENT  
324 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CM RAC, INC.  
C/O MENIN DEVELOPMENT  
324 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MNG  
Name: MFIT/MFCM GP TRUST  
Address: 324 ROYAL PALM WAY, SUITE 100  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG MENIN

MNG

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date