
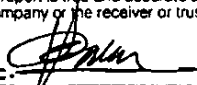


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

04-15-2008 90107 018 ***138.75

DOCUMENT # L07000029560 1. Entity Name MCI-LAGUNA, LLC					
Principal Place of Business 4102 LAGUNA ST. CORAL GABLES, FL 33146			Mailing Address 4102 LAGUNA ST. CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-8707677</div>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VINSON, STEPHEN L JR, ESQ 1200 BRICKELL AVE. SUITE 1680 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____					
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 <input type="checkbox"/> Delete NAME: CORDOWES, ALBERTO M STREET ADDRESS: 4102 LAGUNA ST. CITY- ST- ZIP: CORAL GABLES, FL 33146			TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Cordoves, Alberto M. STREET ADDRESS: CITY- ST- ZIP:		
TITLE: MGRM <input type="checkbox"/> Delete NAME: MELO, AQUILINO STREET ADDRESS: 4102 LAGUNA ST. CITY- ST- ZIP: CORAL GABLES, FL 33146			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP:		
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: 			Alberto M. Cordoves		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4-10-08 Daytime Phone #: (305) 448-7383		

30006518



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