

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048981

FILED
May 22, 2008
Secretary of State

Entity Name: MCGP MANAGEMENT, LLC

Current Principal Place of Business:

454 SE 4TH ST
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

454 SE 4TH ST
HIALEAH, FL 33010 US

New Mailing Address:

FEI Number: 20-8990408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOMEZ, ALBERTO F JR.
400 N TAMPA ST.
SUITE 1160
TAMPA, FL 33602 US

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: MGRM () Delete
Name: PITA, CARLOS G
Address: 454 SE 4TH ST
City-St-Zip: HIALEAH, FL 33010 US

Title: MGRM () Delete
Name: CASTRO, MANUEL A
Address: 20525 SW 5TH ST
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM () Delete
Name: PITA, ANDRES G
Address: 454 SE 4TH ST
City-St-Zip: HIALEAH, FL 33010 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CARLOS G. PITA

MGRM

05/22/2008

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