

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084975

FILED
Mar 06, 2009
Secretary of State

Entity Name: MCNA PROPERTIES, LLC

Current Principal Place of Business:

220 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

New Principal Place of Business:

220 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

Current Mailing Address:

220 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

New Mailing Address:

220 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

FEI Number: 26-2508263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CTC MANAGEMENT SERVICES, LLC
220 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 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: MGR () Delete
Name: VILLAR, GUILLERMO
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: PERAZA, ALBERTO
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: MIAMI, FL 33134

Title: MGR () Delete
Name: FERNANDEZ, JUSTO
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: HOLDEN, EDWARD
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Delete
Name: TRUJILLO, IVAN
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: WILSON, MILLAR
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T (X) Change () Addition
Name: PERAZA, ALBERTO
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: MIAMI, FL 33134 US

Title: VP (X) Change () Addition
Name: HOLDEN, EDWARD
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SO (X) Change () Addition
Name: TRUJILLO, IVAN
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US

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: IVAN TRUJILLO

SO

03/06/2009

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