

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90277 026 ****50.00

DOCUMENT # M05000005863

1. Entity Name
MCAF MIAMI HOLDING CO LLC



Principal Place of Business
**C/O MILLENNIUM PARTNERS
1995 BROADWAY, 3RD FLOOR
NEW YORK, NY 10023**

Mailing Address
**C/O MILLENNIUM PARTNERS
1995 BROADWAY, 3RD FLOOR
NEW YORK, NY 10023**

60015875



02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3649149** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☒ Delete
NAME **MGRM**
STREET ADDRESS **TB HOLDING CO II LLC**
CITY-ST-ZIP **1995 BORADWAY, 3RD FLOOR
NEW YORK, NY 10023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **Greyhound Associates Limited Partnership**
CITY-ST-ZIP **1995 Broadway, 3rd Fl.
New York, NY 10023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # M05000005863 |  |
| 1. Entity Name MCAF MIAMI HOLDING CO LLC | |

COPY

ATTACHMENT

#60015875

| | | | |
|--|---------|--|---------|
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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 20-3649149 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |

02072007 Chg-LLC CR2E083 (12/06)

| | |
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|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TB HOLDING CO II LLC 1995 BROADWAY, 3RD FLOOR NEW YORK, NY 10023 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Greyhound Associates Limited Partnership 1995 Broadway, 3rd Fl. New York, NY 10023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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Date

Daytime Phone #