

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-15-2007 90277 027 \*\*\*\*50.00

**DOCUMENT # M05000005960**

1. Entity Name  
**MCAF MIAMI HOLDING CO II 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**

**60015874**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**20-3996123**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

## 9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **MCAF Miami Holding Co LLC**  
STREET ADDRESS **1995 Broadway, 3rd fl.**  
CITY-ST-ZIP **New York, NY 10023**

TITLE ☐ Change ☐ Addition  
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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

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MCAF MIAMI HOLDING CO II LLC



**COPY**

**ATTACHMENT**

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