2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000005960

1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING ME.

MCAF MIAMI HOLDING CO II LLC

FILED
Jul 16, 2008 08:00 AM
Secretary of State

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



07082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3996123

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

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Date

Daytime Phone #

	named entity submits this statement for the tions of registered agent.	ne purpose of changing its registere	ed office or registered agent, or bot	h, in the State of Florida. I am familiar with	, and accept
SIGNATURE_				<u> </u>	
	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registerer	d Agent signature required when reinstating)	07/16/08-80011-016	138.75
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.1 liability company did not rec	93(2)(b), F.S., the limited seive the prior notice.		
9.	MANAGING MEMBERS/MANAGERS		J		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCAF MIAMI HOLDING CO LLC 1995 BROADWAY 3RD FLOOR NEW YORK, NY 10023				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST-ZIP			DO	NOT WRITE	
THLE NAME SIREET ADDRESS CHY-ST-ZIP			IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST-ZIP					
TITLE		>			

11. I hereby certify that the information supplied with this filing coes 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 a elecute inis report as required by Chapter 608, Florida Statutes.

AUTHORIZED REPRESENTATIVE