

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002789

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: MCMC LLC

**Current Principal Place of Business:**

88 BLACK FALCON AVE., SUITE 353  
BOSTON, MA 02210

**New Principal Place of Business:**

**Current Mailing Address:**

88 BLACK FALCON AVE., SUITE 353  
BOSTON, MA 02210

**New Mailing Address:**

FEI Number: 14-1847542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR. SUITE A  
TALLAHASSEE, FL 32301 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: HAWKE, JOSEPH  
Address: 201 KING OF PRUSSIA ROAD  
City-St-Zip: RADNOR, PA 19087

Title: MGR (X) Delete  
Name: REISLEY, ROBERT  
Address: 2501 PANAMA STREET  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR (X) Delete  
Name: BROWN, ROBERT  
Address: 201 KING OF PRUSSIA ROAD  
City-St-Zip: RADNOR, PA 19087

Title: MGR (X) Delete  
Name: PEGG, DAVID  
Address: 201 KING OF PRUSSIA ROAD  
City-St-Zip: RADNOR, PA 19087

Title: MGR (X) Delete  
Name: MONACO, GRACE ANN  
Address: 874 MONUMENT DRIVE  
City-St-Zip: MONTRUSS, VA 22520

Title: MGR (X) Delete  
Name: GOLDSCHMIDT, PETER  
Address: 5800 MADAKET ROAD  
City-St-Zip: BETHESDA, MD 20816

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCMC HOLDINGS, LLC,  
Address: 88 BLACK FALCON AVE., SUITE 353  
City-St-Zip: BOSTON, MA 02210

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

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

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: GIB SMITH

MR

07/08/2008

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