


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M76156</b> 1. Entity Name <b>MCF PROPERTIES, INC.</b>	
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Principal Place of Business <b>% ROBERT C. KLEIN 5094 SE FEDERAL HWY STUART, FL 34997 US</b>	Mailing Address <b>% ROBERT C. KLEIN 505 S.E. ST. LUCIE BLVD. STUART, FL 34996</b>
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01152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0044071</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KLEIN, ROBERT C. 505 S.E. ST. LUCIE BLVD. STUART, FL 34996</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>0000003880254 04/15/08-80054-015 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FRISCH, SIDNEY JR. 14 N. PEORIA ST., SUITE 2E CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KLEIN, ROBERT C. 505 S.E. ST. LUCIE BLVD. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRISCH, DEBORAH A. 14 N. PEORIA ST., SUITE 2E CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>4/4/08</b> <b>772</b> <b>286-2023</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>