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COVER LETTER

Division of Corporations SUBJECT: MC Southwest Holdings, LLC (Name of Corporation) DOCUMENT NUMBER: P04000091877 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Rivera (Name of Contact Person) MC Southwest Holdings, LLC (Firm/Company) 5274 Golden Gate Parkway, Suite 103 (Address) Naples, FL 34116 (City/State and Zip Code) For further information concerning this matter, please call: David Rivera (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

. . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Florida	this	
	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: MC Southwest Holdings,		
2. The principal	office address: _5274 Golden Gate Parkway, Suite 103, Naples, FL, 34116		_
3. The mailing a	address (if different):		_
4. Date of incor	poration/qualification: 06/14/2004 Document number: P04000091877	7	
	d street address of the current registered agent and registered office on file with the rtment of State:		
	Javier Torres	SEC SEC	
	9774 SW 222 Terrace	08 JAN 31 SECRETAR TALLAHASS	
	Miami, FL 33190	RY OF SEE.	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	F STATE	Ş
	David Rivera	>	
	5274 Golden Gate Parkway, Suite 103		
	(P.O. Box NOT acceptable) Naples, FL 34116		
The street addresses changed will	ess of its registered office and the street address of the business office of its registe be identical.	red agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	50	
(Signati	David Rivera ire of an officer of dyrector) David Rivera (Printed or typed name and tille)		
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete pend I am familiar with and accept the obligation of my position as registered agent, and filed nicrety to reflect a change in the registered office address. I hereby confirm the provided in writing of this change.	rformance Or, if this m that the	
T)au	nature of Registered Agent) / - 24 - 0.8 (Date)		
	half of an entity:		
Davio	Rivera		
	yped or Printed Name)		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)