
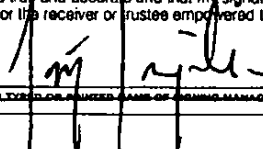


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

04-07-2008 90226 030 ***143.75

DOCUMENT # L07000084975			
1. Entity Name MCNA PROPERTIES, LLC			
Principal Place of Business 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		Mailing Address 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CTC MANAGEMENT SERVICES, LLC 220 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134		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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re/instating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Manager Villar, Guillermo 220 Alhambra Circle Coral Gables, FL 33134	
		Manager Peraza, Alberto 220 Alhambra Circle Coral Gables, FL 33134	
		Manager Fernandez, Justo 220 Alhambra Circle Coral Gables, FL 33134	
		Manager Holden, Edward 220 Alhambra Circle Coral Gables, FL 33134	
		Secretary Trujillo, Ivan 220 Alhambra Circle Coral Gables, FL 33134	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		1/17/08 786 999 1435	
SIGNATURE AND TITLE OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

30005010



01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-2508263 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

ATTACHMENT
30005816

220 Alhambra Circle
11th Floor
Coral Gables, FL 33134
Tel: (305) 441-5555
Fax: (305) 441-5560
www.mercantiltc.com



May 1, 2008

Florida Department of State
Division of Corporation
P.O. Box 6478
Tallahassee, FL 32314

RE: Reference Number L07000084975

To Whom It May Concern:

Attached please find the form sent to us for correction. We have added the FEI number as requested on the letter and spelled out the title of each manager, managing partner or principal since the single letter "m" & "s" was not accepted.

If you have any questions or comments, please call us at (305) 441-5555.

Thank you,

Cordially yours,

A handwritten signature in cursive script that reads "Madeline Melendez". The signature is written in black ink and is positioned above the printed name.

Madeline Melendez