

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

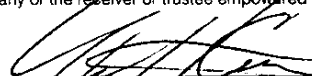
04-24-2006 90057 018 \*\*\*\*50.00

<b>DOCUMENT # L04000066545</b>				
1. Entity Name <b>MASTER PLAN DEVELOPERS LLC</b>				
Principal Place of Business <b>8500 SW 8TH STREET, SUITE 228 MIAMI, FL 33144</b>		Mailing Address <b>8500 SW 8TH STREET, SUITE 228 MIAMI, FL 33144</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1601459</b>
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
<b>MACHADO, JOSE L ESQ.</b> <b>8500 SW 8TH STREET, SUITE 228</b> <b>MIAMI, FL 33144</b>				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>	
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VICTORIA REAL ESTATE MANAGEMENT INC.</b>	NAME		
STREET ADDRESS	<b>8500 SW 8TH STREET, SUITE 228</b>	STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		



02032006 Chg-LLC CR2E083 (11/05)

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:**  **Agustin Herrera**  
Member/Manager  
9/10/06 305-202-6833