2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# L01000009050

Entity Name: ARIES DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

1717 NORTH BAYSHORE DRIVE
SUITE 102
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1717 NORTH BAYSHORE DRIVE
SUITE 102
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-1114655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETROPOULOS, ANTHONY N
1717 NORTH BAYSHORE DRIVE
SUITE 102
MIAMI, FL 33132 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: MGRM ( ) Delete
Name: FALSETTO, GINO
Address: 1717 NORTH BAYSHORE DRIVE, SUITE 102
City-St-Zip: MIAMI, FL 33132

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: V ( ) Change (X) Addition
Name: PETROPOULOS, ANTHONY N
Address: 1717 NORTH BAYSHORE DRIVE SUITE 102
City-St-Zip: MIAMI, FL 33132

Title: V ( ) Change (X) Addition
Name: SIEGEL, BERNARD
Address: 1717 NORTH BAYSHORE DRIVE SUITE 102
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the 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: GINO FALSETTO MGRM 03/15/2007

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