

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000021744

1. Entity Name  
UCGM DEVELOPMENT GROUP LLC



Principal Place of Business

1400 NW 107 AVE  
SUITE 200  
MIAMI, FL 33172

Mailing Address

1400 NW 107 AVE  
200  
MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**

08242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-0914904

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, GUILLERMO  
1400 NW 107 AVE  
200  
MIAMI, FL 33172

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

U00000170889

08/25/04-80004-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
FERNANDEZ, GUILLERMO  
1400 NW 107 AVE SUITE 200  
MIAMI, FL 33172

U00000170889  
08/25/04-80004-012 5.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8-25-04

Date

Daytime Phone #