2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # L02000021744** 1. Entity Name UCGM DEVELOPMENT GROUP LLC Principal Place of Business ____ Mailing Address 1400 NW 107 AVE 1400 NW 107 AVE SUITE 200 200 MIAMI, FL 33172 MIAMI, FL 33172 04212005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0914904 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, GUILLERMO DO NOT WRITE 1400 NW 107 AVE IN THIS SPACE MIAMI, FL 33172 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) 1100000337086 Filing Fee is \$50.00 Due by May 1, 2005 04/27/05-80154-011 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE FERNANDEZ, GUILLERMO NAME 1400 NW 107 AVE SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 it made under eath; 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.

FILED