

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000026115

FILED
Mar 01, 2005
Secretary of State

Entity Name: MASTER CARRIER DEVELOPMENT, L.L.C.

Current Principal Place of Business:

2655 LEJEUNE RD
STE 400
CORAL GABELS, FL

New Principal Place of Business:

13701 SW 88TH STREET,
SUITE 300
MIAMI, FL 33186

Current Mailing Address:

2655 LEJEUNE RD
STE 400
CORAL GABELS, FL

New Mailing Address:

13701 SW 88TH STREET
SUITE 300
MIAMI, FL 33186

FEI Number: 57-1136664 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAKER, RONALD G ESQ.
2655 LEJEUNE ROAD, SUITE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GINORIO, FELIX R
13701 SW 88TH STREET
SUITE 300
MIAMI, FL 33186 US

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: FELIX R. GINORIO

03/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GINURO, FELIA R
Address: 2655 LEJEUNE RD STE 400
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GINORIO, FELIX R
Address: 13701 SW 88TH STREET, SUITE 300
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FELIX R. GINORIO

MGR

03/01/2005

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