2005 LIMITED LIABILITY COMPA ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED

Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # L02000030643 1. Entity Name MSG DEVELOPMENT, LLC Principal Place of Business Mailing Address 1320 SOUTH DIXIE HIGHWÂY 1320 SOUTH DIXIE HIGHWAY SUITE 715 SUITE 715 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 03292005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1001167 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PERSAUD, SAMUEL A ESQ. 1320 SOUTH DIXIE HIGHWAY **SUITE 715** IN THIS SPACE CORAL GABLES, FL 33146 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, typed of printed name of registered agent and little if applicable. (NDTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U00000308747 /16/05-00010-000 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME DAVIDE, ANTHONY STREET ADDRESS 7333 CORAL WAY MIAMI, FL 33155 CITY - ST - 7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supposed with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

FILED

Daytime Phone #