


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90206 046 \*\*\*143.75

**DOCUMENT # L03000027293**

1. Entity Name  
**MPG DEVELOPMENT, LLC**



Principal Place of Business      Mailing Address

**6065 NW 167 STREET  
 B-23  
 MIAMI FL 33015**      **6065 NW 167 STREET  
 B-23  
 MIAMI FL 33015**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**14345 Commerce Way**      **14345 Commerce Way**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**MIAMI LAKES, FL**      **MIAMI LAKES, FL**

City & State      City & State

Zip      Country      Zip      Country

**33016**      **US**      **33016**      **US**

1st MOORE      CR2E083 (10/07)

4. FEI Number      Applied For

**56-2381483**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, BOND & LATSHAW, P.A.  
 3010 SOUTH THIRD STREET  
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>1421 PROPERTIES, INC.</b>	
STREET ADDRESS	<b>13501 SW 128TH STREET, SUITE 201</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *M. K...*      **04/21/08**      **305-558-2588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #