
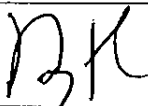



# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**  
07 DEC -3 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000045853</b> 1. Entity Name PRODESA DEVELOPMENT, L.L.C.					
Principal Place of Business 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 84-1631432	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION LLC 520 BRICKELL KEY DR. SUITE #O-305 MIAMI, FL 33131			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 reinstating) DATE _____					
Amended AR is \$50.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, CARLOS 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Camilo Garcia 520 Brickell Key Dr. Ste. 0-305 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARDO, JUAN A 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carlos Vargas 520 Brickell Key Dr. Ste. 0-305 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, MAURICIO 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100112353091 12/10/07--01003--006 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSADA, JUAN F 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORTIZ, CARLOS 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARGAS, CARLOS 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			CARLOS ORTIZ		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 11/8/2007		
Daytime Phone #			Daytime Phone #		