

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051520

FILED
Jan 08, 2007
Secretary of State

Entity Name: M.G.C. DEVELOPMENT GROUP, L.L.C.

Current Principal Place of Business:

1625 N. COMMERCE PARKWAY
SUITE 200
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1625 N. COMMERCE PARKWAY
SUITE 200
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-1252251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRERO, JOSE C
1820 N. CORPORATE LAKES BLVD.,
SUITE 105
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARCHDESK, INC.
Address: 1625 N. COMMERCE PARKWAY, SUITE 200
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: GARCIA, MARIO
Address: 1625 N. COMMERCE PARKWAY, SUITE 200
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: MARCUM, TERRY W
Address: 1625 N. COMMERCE PARKWAY SUITE 200
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ARCHDESK

MGMR

01/08/2007

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