


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90350 021 \*\*\*\*50.00

<b>DOCUMENT # L03000053583</b>	
1. Entity Name <b>M &amp; F DEVELOPMENT, LLC</b>	

Principal Place of Business <b>6145 SW 92ND ST MIAMI FL 33156</b>	Mailing Address <b>6145 SW 92ND ST MIAMI FL 33156</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>9934 NW 29 ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>DORAL FL</b>	
Zip	Country	Zip	Country
		<b>33172</b>	

1st MOORE CR2E083 (10/06)

4. FEI Number <b>56-2423447</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE, SECOND FLOOR CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		<b>FL</b> Zip Code

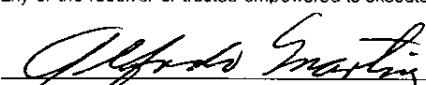
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR FERNANDEZ, MARLENE A 6145 SW 92ND ST MIAMI FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ALFREDO MARTINEZ 9934 NW 29 ST DORAL, FL 33172</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ALEJANDRE-TRIANA, MARLENE 6145 SW 92ND ST MIAMI FL 33156</b> <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 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:  **2/24/07 305 463 7938**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #