


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

|   |  |         |  |  |  |  |  |
|---|--|---------|--|--|--|--|--|
| <b>DOCUMENT # L04000000759</b><br>1. Entity Name<br><b>MIAMI DEVELOPMENT PROPERTIES LLC</b>   |  |         |  |   |  | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2007 MAY 18 P 2:13</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div>  |  |
| Principal Place of Business<br><b>2665 S BAYSHORE DR, STE 703<br/>MIAMI, FL 33133</b>   |  |         |  | Mailing Address<br><b>2665 S BAYSHORE DR, STE 703<br/>MIAMI, FL 33133</b>  |  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |  |         |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |  |
| City & State  |  |         |  | City & State   |  |  |  |
| Zip   |  | Country |  | Zip  |  | Country  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WORLD CORPORATE SERVICES, INC.<br/>2665 S BAYSHORE DR, STE 703<br/>MIAMI, FL 33133</b>  |  |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |         |  |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  |         |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |         |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GARNERO, MARIO<br>2665 S BAYSHORE DR, STE 703<br>MIAMI, FL 33133  |         |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GARNERO, ALVARO<br>2665 S BAYSHORE DR, STE 703<br>MIAMI, FL 33133 |         |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GARNERO, ALVARO<br>2665 S BAYSHORE DR, STE 703<br>MIAMI, FL 33133 |         |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GARNERO, ALVARO<br>2665 S BAYSHORE DR, STE 703<br>MIAMI, FL 33133 |         |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GARNERO, ALVARO<br>2665 S BAYSHORE DR, STE 703<br>MIAMI, FL 33133 |         |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GARNERO, ALVARO<br>2665 S BAYSHORE DR, STE 703<br>MIAMI, FL 33133 |         |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Timothy D. Richards</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |         |  | Date: <b>4/10/07</b>   |  | Daytime Phone #: <b>(305) 858-9900</b>   |  |