2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# L04000001051

Entity Name: BLUE MOON DEVELOPMENT COMPANY, LLC

Current Principal Place of Business:

2533 SW 19 AVE.
SUITE 300
MIAMI, FL 33133

New Principal Place of Business:

323 NAVARRE AVE
SUITE 108
CORAL GABLES, FL 33134

Current Mailing Address:

2533 SW 19 AVE.
SUITE 300
MIAMI, FL 33133

New Mailing Address:

P.O. BOX 347767
MIAMI, FL 33234

FEI Number: 20-0640466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVADIA, SILVIA
323 NAVARRE AVE., UNIT #108
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

OVADIA, SILVIA
2533 SW 19 AVE., SUITE 300
MIAMI, FL 33133 US

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: _____ 03/23/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VILLAR, PEDRO SR.
Address: 323 NAVARRE AVE., UNIT #108
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: VILLAR, PEDRO JR.
Address: 323 NAVARRE AVE., UNIT #108
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VILLAR, PEDRO SR.
Address: 2533 SW 19 AVE., SUITE 300
City-St-Zip: MIAMI, FL 33133

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: PEDRO VILLAR MGRM 03/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date