## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L04000041717  1. Entity Name MGS DEVELOPMENT L.L.C.					05-02-2005 90114 024 ****50.00			
Principal Place of Business 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131			Î	20052827		
2 Principal P	lace of Business	3. Mailing Address			_			
				_	<b>                                    </b>	###		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. FEI Numb	7279 <i>2</i> 5	3 Ar	oplied For of Applicable
Zip	Country	Zip	Count	ry		e of Status Desired	\$5.00 Add	titional
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New		
TRANSGLOBAL CORPORATE ADMINISTRATION, INC 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131				TRANSGLOBAL CORP. APHINISTRATION LLC Street Address (P.O. Box Number is Not Acceptable)				
(MANI), 1 C 30101				520 BR	RICKELL	KEY DRIV	E, SUITE O	-305
				City MIAMI FL Zincode 131				
<ol> <li>The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.</li> </ol>					ered agent, or b	oth, in the State of F	Florida. I am familiar with,	and accept
SIGNATURE							4/25/05	<u> </u>
Filing Fee is \$50.00 Due by May 1, 2005							ike check payable to da Department of Stat	•
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	S/CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, CARLOS A 520 BRICKELL KEY DRIVE, STE MIAMI, FL 33131	☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORTIZ, CARLOS 520 BRICKELL KEY DRIVE, STE MIAMI, FL 33131	□ Delete E. 0-305	TITLE NAME STREE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGR PARDO, JUAN ANTONIO 520 BRICKELL KEY DRIVE, STE MIAMI, FL 33131	☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, MAURICIO 520 BRICKELL KEY DRIVE, STE MIAMI, FL 33131	□ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Change	Addition

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 readired by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING MANAGURG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CARLOS VARGAS 04/2199/05

(305)374.38.00