2006 LIMITED LIABILITY COMPANY

Apr 26, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L04000041717** 04-26-2006 90019 041 ****50.00 1. Entity Name MGS DEVELOPMENT L.L.C. Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE, STE. 0-305 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number City & State Applied For 20-1279253 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent nistration UL TRANSGLOBAL CORPORATE ADMINISTRATION, INC 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131 8. The above named entity subn pose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered Signature, typed or prin Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE TITEF ☐ Delete ☐ Change ■ Addition VARGAS, CARLOS A NAME NAME STREET ADDRESS 520 BRICKELL KEY DRIVE, STE. 0-305 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ITILE ☐ Change ☐ Addition NAME ORTIZ, CARLOS NAME STREET ADDRESS 520 BRICKELL KEY DRIVE, STE. 0-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PARDO, JUAN ANTONIO NAME NAME 520 BRICKELL KEY DRIVE, STE. 0-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Delete TITLE ☐ Addition GARCIA, MAURICIO NAME NAME 520 BRICKELL KEY DRIVE, STE. 0-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-71P MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE PRODESA DEVELOPMENT, L.L.C. NAME NAME 520 BRICKELL KEY DRIVE, STE. 0-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ 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 rule 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 of trustee progressions are required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

VARGAS 04/10/06

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _______ SIGNATURE AND TYPED OR INTED NAME OF SIGNING MA GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE