
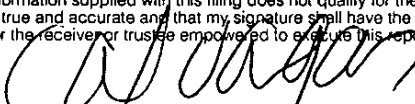


FILED
Apr 26, 2006 8:00 am
Secretary of State

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| <b>DOCUMENT # L05000015168</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         |  |                                                    | 04-26-2006 90019 043 ****50.00                                                           |  |
| 1. Entity Name<br>ONM DEVELOPMENT, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                   |                                                    |                                                                                          |  |
| Principal Place of Business<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         | Mailing Address<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131              |                                                    |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         | 3. Mailing Address                                                                |                                                    |        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         | Suite, Apt. #, etc.                                                               |                                                    | 01262006 Chg-LLC CR2E083 (11/05)                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         | City & State                                                                      |                                                    | 4. FEI Number<br>20-2334068                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         | Country                                                                           |                                                    | Applied For<br>Not Applicable                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         | Country                                                                           |                                                    | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>TRANSGLOBAL CORPORATE ADMINISTRATION, LLC<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                   | 7. Name and Address of New Registered Agent        |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                   | Name                                               |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                   | Street Address (P.O. Box Number is Not Acceptable) |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                   |                                                    |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                   | City FL 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                   |                                                    |                                                                                          |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         | Make check payable to<br>Florida Department of State                              |                                                    |                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                   | 10. ADDITIONS/CHANGES                              |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>PRODESA DEVELOPMENT, L.L.C.<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete                                                   |                                                    |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>VARGAS, CARLOS<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131                | <input type="checkbox"/> Delete                                                   |                                                    |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP<br>ORTIZ, CARLOS<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131                | <input type="checkbox"/> Delete                                                   |                                                    |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S<br>GARCIA, MAURICIO<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131              | <input type="checkbox"/> Delete                                                   |                                                    |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AST<br>PARDO, JUAN ANTONIO<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131         | <input type="checkbox"/> Delete                                                   |                                                    |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         | <input type="checkbox"/> Delete                                                   |                                                    |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         | <input type="checkbox"/> Delete                                                   |                                                    |                                                                                          |  |
| 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:  CARLOS VARGAS 04/10/06 305 4037314                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                   |                                                    |                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                   |                                                    |                                                                                          |  |