2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015168

Address:

City-St-Zip:

2730 SW 3RD AVENUE, SUITE 601

MIAMI, FL 33129

Entity Name: ONM DEVELOPMENT, LLC

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
520 BRICKELL KEY DR, STE O-301 MIAMI, FL 33131				1000 BRICKELL AVENUE, SUITE 215		
IVIIAIVII, FL	33131			MIAMI, FL 33131		
Current Mailing Address:				New Mailing Address:		
520 BRICKELL KEY DR, STE O-301 MIAMI, FL 33131			1000 BRICKELL AVENUE, SUITE 215 MIAMI, FL 33131			
FEI Number:	20-2334068	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and Address	of New Registered Agent:	
CORPORATE MAINTENANCE SERVICES LLC 520 BRICKELL KEY DR, STE O-301 MIAMI, FL 33131 US				CORPORATE MAINTENANCE SERVICES LLC 1000 BRICKELL AVENUE, SUITE 215 MIAMI, FL 33131 US		
	named entity see of Florida.	submits this statement for the p	urpose o	f changing its register	ed office or registered agent, or both	
SIGNATURE:					04/07/2009	
	Electron	ic Signature of Registered Age	nt		Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	PRODESA DEV	Delete ELOPMENT,, L.L.C. AVENUE, SUITE 601 29		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GARCIA, CAMII	AVENUE, SUITE 601		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ORTIZ, CARLO	AVENUE, SUITE 601		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VARGAS, CARI	AVENUE, SUITE 601		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	AST () PARDO, JUAN	Delete ANTONIO		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: CARLOS ORTIZ VP 04/07/2009