

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032502

Entity Name: MGF DEVELOPERS, L.L.C.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1930 HARRISON STREET
602
HOLLYWOOD, FL 33020

Current Mailing Address:

1930 HARRISON STREET
602
HOLLYWOOD, FL 33020

New Principal Place of Business:

1915 HARRISON STREET
602
HOLLYWOOD, FL 33020

New Mailing Address:

1915 HARRISON STREET
602
HOLLYWOOD, FL 33020

FEI Number: 20-3212934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERBER, DANIEL J ESQ
TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MG3 DEVELOPER GROUP,, LLC
Address: 1930 HARRISON STREET, SUITE 602
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGRM () Delete
Name: NEIF, INC,
Address: 17971 BISCAYNE BLVD., SUITE 221
City-St-Zip: AVENTURA, FL 33160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MG3 DEVELOPER GROUP,, LLC
Address: 1915 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARCELO SAIEGH

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date