


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L05000039442 1. Entity Name MENA DEVELOPMENTS LLC	
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Principal Place of Business 7003 NORTH WATERWAY DR 219 MIAMI, FL 33155	Mailing Address 7003 NORTH WATERWAY DR 219 MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE

02052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2748263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, BERNARDO
7003 N WATERWAY DR
219
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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 renaming) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

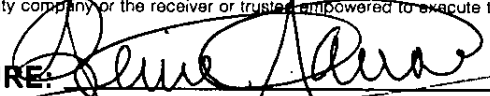
U000000848635
 03/18/08-80036-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEN DEVELOPMENT CORPORATION 7003 N WATERWAY DR STE 219 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST LAKES ESTATES, INCORPORATED 16260 NW 84TH PLACE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVARRO, BERNARDO 7003 N WATERWAY DR STE 219 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENENDEZ, JOSE A 16260 NW 84TH PLACE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  _____ DATE: 2/27/08 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE