
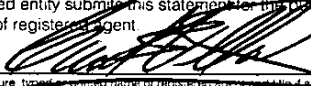
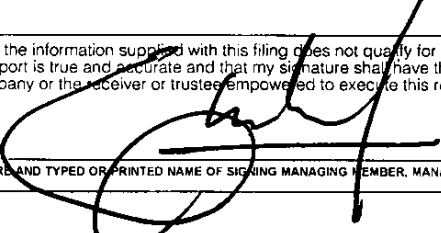


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90136 042 \*\*\*138.75

<b>DOCUMENT # L05000055675</b>			
1. Entity Name MAGNA DEVELOPMENT GROUP LLC			
Principal Place of Business 260 CRANDON BLVD. #48 KEY BISCAYNE, FL 33149 US		Mailing Address 260 CRANDON BLVD. #48 KEY BISCAYNE, FL 33149 US	
2. Principal Place of Business - No P.O. Box # 15321 SOUTH DIXIE HWY Suite, Apt. #, etc. 312 City & State MIAMI, FL Zip 33157 Country USA		3. Mailing Address 15321 SOUTH DIXIE HWY Suite, Apt. #, etc. 312 City & State MIAMI FL Zip 33157 Country USA	
01072008		Chg-LLC	CR2E083 (12/06)
4. FEI Number 59-3833980		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 SALAZAR, LISETTE P 260 CRANDON BLVD. #48 KEY BISCAYNE, FL 33149		7. Name and Address of New Registered Agent Name CARLOS VILLAMIL Street Address (P.O. Box Number is Not Acceptable) 15321 SOUTH DIXIE HWY 312 City MIAMI FL Zip Code 33157	
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 		DATE 1/30/2008	
SIGNATURE (Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative)		DATE	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOMARRIBA, MARIA 260 CRANDON BLVD. #48 KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUIZ, ERNESTO 260 CRANDON BLVD. #48 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 1/30/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE Daytime Phone #	