2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Aug 06, 2007 08:00 AN Secretary of State DOCUMENT # L05000060987 MV DEVELOPMENT LLC Principal Place of Business Mailing Address 1801 S FEDERAL HWY 1801 S FEDERAL HWY 300 300 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 07022007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TABOR, MELISSA DO NOT WRITE 1730 S FEDERAL HWY #321 IN THIS SPACE DELRAY BEACH, FL 33483 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 famillar with, and accept the obligations of registered agent. SIGNATURE ensure, trood of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 9, MANAGING MEMBERS/MANAGERS HEE MRS MELISSA, TABOR NAME STREET ADDRESS 2320 GREENBRIAR DR CITY-ST-ZIP DELRAY BEACH, FL 33445 U00000771497 mle 08/07/07-90004-022 so.no NAME STREET ADDRESS CITY-ST-ZIP ME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

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: X

CMY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ME NAME STREET ADDRESS CITY-ST-ZIP

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

Oate

Daytime Phone #