


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90162 022 ****50.00

DOCUMENT # L05000083916	
1. Entity Name DEVELOPMED, LLC	

Principal Place of Business 7700 NO. KENDALL DR. SUITE 510 MIAMI, FL 33156 US	Mailing Address 7700 NO. KENDALL DR. SUITE 510 MIAMI, FL 33156 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

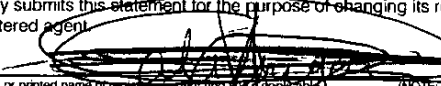
60026929



03172007 Chg-LLC CR2E083 (12/06)

4. FEI Number 06 APPLIED FOR 90-0273035		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 CALI VICTORIA ARROYAVE 6770 SW 124 STREET MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 **3/17/2007**

Signature, typed or printed name of registered agent and authorized representative (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REVENUE RECOVERY, INC. PO BOX 835113 MIAMI, FL 332835113	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER LARRY CHILSON 14830 SW 167 ST MIAMI, FL 33187	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CALI VICTORIA ARROYAVE 6770 SW 124 ST MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER GAIL URBAN 6880 SW 133 TERR MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Efrain Arroyave 6770 SW 124 ST MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" 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:  **MGR** **3/17/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #