2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115279

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Name:

Address:

City-St-Zip:

Entity Name: MGM LOGISTICS LLC

FILED May 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 501 BRICKELL KEY DRIVE, STE. 509 501 BRICKELL KEY DR. MIAMI, FL 33131 SUITE 501 MIAMI, FL 33131 **Current Mailing Address:** New Mailing Address: 501 BRICKELL KEY DRIVE, STE. 509 501 BRICKELL KEY DR. MIAMI, FL 33131 SUITE 501 MIAMI, FL 33131 FEI Number: 26-1582327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARON, JOSE G MARTIN, ENRIQUE J % MGM INTERNATIONAL LLC 1221 BRICKELL AVE 501 BRICKELL KEY DRIVE, STE. 509 C/O GREENBERG TRAURIG MIAMI, FL 33131 US MIAMI, FL 33131 US 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: ENRIQUE MARTIN 05/08/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change (X) Addition () Delete MONROY, MARCO G Name: Name: Address: Address: 501 BRICKELL KEY DR., SUITE 501 City-St-Zip: City-St-Zip: MIAMI, FL 33131 Title: Title: () Change (X) Addition () Delete Name: Name: IANNARIELLO, MARIA PIA Address: Address: 501 BRICKELL KEY DR., SUITE 501 City-St-Zip: City-St-Zip: MIAMI, FL 33131 Title: () Delete Title: () Change (X) Addition WATTS, FERN S Name: Name: 501 BRICKELL KEY DR., SUITE 501 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131 Title: () Delete Title: () Change (X) Addition Name: Name: MACKLE, JOHN 501 BRICKELL KEY DR., SUITE 501 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131 Title: Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

TSOUKALAS, PANAGIOTIS

MIAMI, FL 33131

501 BRICKELL KEY DR., SUITE 501

SIGNATURE: PANAGIOTIS TSOUKALAS 05/08/2008