

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000098437

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** MULTIMODAL DEVELOPMENT GROUP LLC

**Current Principal Place of Business:**

2759 NW 82ND. AVE  
DORAL, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

2759 NW 82ND. AVE  
DORAL, FL 33122

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

L&J MANAGEMENT CORP  
5805 BLUE LAGOON DRIVE  
STE 300  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FRANCO, RICARDO  
Address: 2759 NW 82ND. AVE  
City-St-Zip: DORAL, FL 33122

Title: MGRM  
Name: DE LOS SANTOS, TABARE  
Address: 7339 NW 54TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: MGRM  
Name: REYNOSO, RANDY  
Address: 2759 NW 82ND. AVE  
City-St-Zip: MIAMI, FL 33122

Title: MGRM  
Name: CASANOVA, LUIS  
Address: 2759 NW 82ND. AVE  
City-St-Zip: MIAMI, FL 33122

Title: MGRM  
Name: SANTANA, ANA J  
Address: 2759 NW 82ND. AVE  
City-St-Zip: MIAMI, FL 33122

Title: MGRM  
Name: CASANOVA, JUAN P  
Address: 2759 NW 82ND. AVE  
City-St-Zip: MIAMI, FL 33122

I hereby 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.

SIGNATURE: RICARDO FRANCO

MGRM

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date