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Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90186 026 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000000557

1. Entity Name
MGD DEVELOPMENT GROUP OF FLORIDA, L.L.C.

20007251

Principal Place of Business	Mailing Address
245 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	245 SAW MILL RIVER ROAD HAWTHORNE, NY 10532

01182006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
100 Summit Lake Dr.	100 Summit Lake Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valhalla, New York	City & State: Valhalla, New York
Zip: 10595 Country:	Zip: 10595 Country:

4. FEI Number: 45-0468688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 ________________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINSBURG, MARTIN 245 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Martin Ginsburg 100 Summit Lake Drive Valhalla, New York 10595	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: CMcWalters CFO Christine McWalters 1/19/06

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