


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90151 047 \*\*\*\*50.00

**DOCUMENT # L01000020233**

**1. Entity Name**  
**MAGRINI ENTERPRISES, LLC**



**Principal Place of Business**  
 12765 FOREST HILL BLVD  
 SUITE 1302  
 WELLINGTON, FL 33414

**Mailing Address**  
 12765 FOREST HILL BLVD  
 SUITE 1302  
 WELLINGTON, FL 33414

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**


Suite, Apt. #, etc.

**City & State**

City & State

**Zip**      **Country**

Zip      Country



01072004    Chg-LLC    CR2E083 (10/03)

**4. FEI Number**  
 65-1159846

Applied For  
 Not Applicable

**5. Certificate of Status Desired**     **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MARIO G. DE MENDOZA, III, P.A.**  
 12765 FOREST HILL BLVD  
 STE 1302  
 WELLINGTON, FL 33414

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGRINI, MATIAS 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414 <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
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
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 exemption stated in Section 119.07(3)(i), 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* \_\_\_\_\_, **Matias Magrini, Manager** *X08-10-04* (561) 642-0025

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

*A Hacht*  
*24080684*

**MARIO G. DE MENDOZA, III, P.A.**

ATTORNEY AT LAW

12765 FOREST HILL BOULEVARD

SUITE 1302

WELLINGTON, FLORIDA 33414

TELEPHONE: (561) 659-1111

TELEFAX: (561) 784-2933

E-MAIL: office@pblaw.us

August 20, 2004

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: **Magrini Enterprises, LLC**  
Our File No. 5383.3

Dear sir or madam:

Enclosed herewith please find the 2004 Limited Liability Company Annual Report for the above referenced company, along with a check made payable to the Florida Department of State in the amount of \$50.00.

Sincerely,

  
Mario G. de Mendoza, III

MGMIII:dw  
Enclosures