


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000020233**

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



Principal Place of Business <b>12765 FOREST HILL BLVD          SUITE 1302          WELLINGTON, FL 33414</b>	Mailing Address <b>12765 FOREST HILL BLVD          SUITE 1302          WELLINGTON, FL 33414</b>
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**DO NOT WRITE IN THIS SPACE**



02062007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-1159846</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

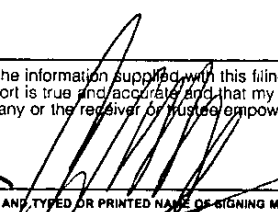
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MAGRINI, MATIAS 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414</b>
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 04/27/07-80007-025 50.00

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:**  **Matias Magrini, Manager** *x 04-27-07*

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