

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2005 8:00 am
Secretary of State

05-12-2005 90029 039 ****50.00

DOCUMENT # L04000071574					
1. Entity Name MONROE MG HOLDINGS, LLC					
Principal Place of Business 7960 NW 156 TERRACE MIAMI, FL 33016			Mailing Address 7960 NW 156 TERRACE MIAMI, FL 33016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORENO, CARLOS 7960 NW 156 TERRACE MIAMI, FL 33016			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MORENO, CARLOS 7960 NW 156 TERRACE MIAMI, FL 33016	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CARLES, MERCEDES 7960 NW 156 TERRACE MIAMI, FL 33016	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MORENO, CARLOS A 7960 NW 156 TERRACE MIAMI, FL 33016	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MORENO, MARIA A 7960 NW 156 TERRACE MIAMI, FL 33016	☐ Delete			
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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: _____ 3-31-05 325 362-1132					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					