

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**DOCUMENT # A0500001283**  
1. Entity Name  
**MAGUA, LLLP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

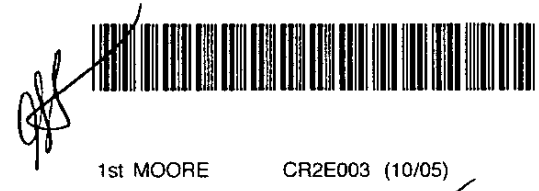
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Principal Place of Business  
7620 MIAMI VIEW DRIVE  
NORTH BAY VILLAGE FL 33141

Mailing Address  
7620 MIAMI VIEW DRIVE  
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent  
**M & W AGENTS, INC.  
2101 CORPORATE BLVD., SUITE 107  
BOCA RATON FL 33431**

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.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000060325	STREET ADDRESS	
NAME	MAGUA HOLDINGS, LLC	CITY-ST-ZIP	
STREET ADDRESS	7620 MIAMI VIEW DRIVE		
CITY-ST-ZIP	NORH BAY VILLAGE FL 33141		
DOCUMENT #		STREET ADDRESS	700074703817
NAME		CITY-ST-ZIP	05/17/06--01008--020 **500.00
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* 4/13/06 (SECRETARY)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE