


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A05000001283
1. Entity Name
MAGUA, LLLP (LIMITED PARTNERSHIP)



FILED
07 MAY 18 AM 9:42

SECRETARY OF STATE



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 41603

City & State City & State
M. BEACH, FL

Zip Country Zip Country
33141 MIAMI

1st MOORE CR2E003 (10/06)
4. FEI Number: 203092817
APPLIED FOR Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: DDDO
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, 2007, 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	
DOCUMENT #	L05000060325
NAME	MAGUA HOLDINGS, LLC #20-3063520
STREET ADDRESS	7620 MIAMI VIEW DRIVE
CITY - ST - ZIP	NORTH BAY VILLAGE FL 33141
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	100103410961
CITY - ST - ZIP	05/29/07--01004--014 **500.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: M. W. Brown (Secretary) 5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE