

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:41

<b>DOCUMENT # A05000001283</b>					
<b>1. Entity Name</b> MAGUA, LLLP					
<b>Principal Place of Business</b> 7620 MIAMI VIEW DRIVE NORTH BAY VILLAGE, FL 33141			<b>Mailing Address</b> P.O. BOX 41603 MIAMI, FL 33141		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b> M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431				<b>7. Name and Address of New Registered Agent</b> Name: <u>GUALBERTO A. NAVARRO</u> Street Address (P.O. Box Number is Not Acceptable): <u>7620 MIAMI VIEW DR.</u> City: <u>NO. BAY VILLAGE</u> FL Zip Code: <u>33141</u>	
<b>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.</b>					
SIGNATURE:				DATE: <u>4/28/08</u>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L05000060325		STREET ADDRESS		
NAME	MAGUA HOLDINGS, LLC		CITY-ST-ZIP		
STREET ADDRESS	7620 MIAMI VIEW DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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</b>					
SIGNATURE:				DATE: <u>4/21/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE