


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90096 010 ****50.00

DOCUMENT # L00000000661

1. Entity Name
MG INTERNATIONAL INVESTMENTS, L.L.C.



Principal Place of Business
**211 EAST INTERNATIONAL SPEEDWAY BLVD.
 DAYTONA BEACH, FL 32118**

Mailing Address
**211 EAST INTERNATIONAL SPEEDWAY BLVD.
 DAYTONA BEACH, FL 32118**

49000100

2. Principal Place of Business
SEISSGASSE #9
 Suite, Apt. #, etc.

3. Mailing Address
100 LA COSTA LANE
 Suite, Apt. #, etc.
100



08262004 Chg-LLC CR2E083 (10/03)

City & State
VIENNA

City & State
DAYTONA BEACH, FL

Zip
1040

Country
AUSTRIA

Zip
32114

Country
USA

4. FEI Number
59-3631335

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

AMON, URSULA
211 E INT'L SPEEDWAY BLVD., #213
DAYTONA BEACH, FL 32118

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD SCHMITZ, MICHAEL 211 EAST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEISSGASSE #9 VIENNA, AUSTRIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD SCHMITZ, MARGOT 211 EAST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHMITZ, MARGOT SEISSGASSE #9 VIENNA, AUSTRIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the receiver-trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____