


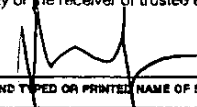
\$50.00

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 AUG -6 AM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L00000000661</b>			
1. Entity Name MG INTERNATIONAL INVESTMENTS, L.L.C.			
Principal Place of Business SEISGASSE #9 VIENNA, AUSTRIA, 1040		Mailing Address 100 LA COSTA LANE #100 DAYTONA BEACH, FL 32114	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country <b>Austria</b>	Zip	Country
4. FEI Number 59-3631335		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  DURANCEAU, MICHAEL 100 LA COSTA LANE SUITE 100 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)			
Filing Fee is \$50.00 Due by September 14, 2007		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 SEISGASSE #9 VIENNA, AUSTRIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600107683246</b> <b>08/10/07--01048--010 **600.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD SCHMITZ, MARGOT SEISGASSE #9 VIENNA, AUSTRIA, <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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11. 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 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: 		7/15/07 6173318316	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone if	