

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000000661

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 23 PM 12:22

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
75 Waltham St

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#6

04242008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Boston, MA

4. FEI Number
59-3631335

Applied For
Not Applicable

Zip

Country

Zip

Country

02118

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURANCEAU, MICHAEL
100 LA COSTA LANE
SUITE 100
DAYTONA BEACH, FL 32114

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300131635033
06/24/08--01045--004 ***1088.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRD
SCHMITZ, MARGOT
SEISGASSE #9
VIENNA, AUSTRIA, ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B6/23/08 ☐ Change ☐ Addition

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: X M. Schmitz

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

6/6/08

Date

Daytime Phone #