

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006626

FILED
May 03, 2004
Secretary of State

Entity Name: MGM OF WEST FLORIDA, LLC

Current Principal Place of Business:

7733 STATE ROAD 72
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5848
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-1027025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, JAMES A
11451 M J ROAD
MYAKKA CITY, FL 34251 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: MCLEOD, JAMES A
Address: 11451 M J RD.
City-St-Zip: MYAKKA CITY, FL 34251

Title: V () Delete
Name: MCLEOD, CHARLES E
Address: 6152 279TH STREET EAST
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCLEOD, JAMES A
Address: 11451 M J RD.
City-St-Zip: MYAKKA CITY, FL 34251

Title: MGR (X) Change () Addition
Name: MCLEOD, CHARLES E
Address: 6152 279TH STREET EAST
City-St-Zip: MYAKKA CITY, FL 34251

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES MCLEOD

MGR

05/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date