

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006626

Entity Name: MGM OF WEST FLORIDA, LLC

FILED
Jul 05, 2005
Secretary of State

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:

P.O. BOX 51057
SARASOTA, FL 34277

FEI Number: 65-1027025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 A MCLEOD

MM

07/05/2005

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