

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90441 046 ****50.00

DOCUMENT # L00000013863

1. Entity Name
MG REAL ESTATE, L.L.C.



Principal Place of Business
**2100 COUNTRY CLUB ROAD
SANFORD, FL 32771**

Mailing Address
**2100 COUNTRY CLUB ROAD
SANFORD, FL 32771**

DO NOT WRITE IN THIS SPACE



03092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
28-6443810

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAY, N. DWAYNE JR, ESQ
GREENSPOON, MARDER, HIRSCHFIELD, ET AL
201 E PINE ST, STE 500
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GRAY, N. DWAYNE JR.
201 E PINE ST, STE 500
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SCHLATER, JOHN
615 COPELAND MILL ROAD
WESTERVILLE, OH 43081**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

N. DWAYNE GRAY, JR., ESQ 3/27/07 407-425-6559