

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

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



02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 _____

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

000000835672
02/29/08-80044-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRAY, N. DWAYNE JR.
STREET ADDRESS	201 E PINE ST, STE 500
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGR
NAME	SCHLATER, JOHN
STREET ADDRESS	615 COPELAND MILL ROAD
CITY-ST-ZIP	WESTERVILLE, OH 43081
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

2/21/08

Date

407-425-6559

Daytime Phone #