

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018331

Entity Name: MSG HOLDINGS LLC

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

528 COCONUT ISLE DRIVE
ATTN: MARIO S GONZALEZ
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

528 COCONUT ISLE DRIVE
ATTN: MARIO S GONZALEZ
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-1149592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MARIO S
528 COCONUT ISLE DRIVE
FORT LAUDERDALE, FL 33301

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: MGRM () Delete
Name: GONZALEZ, MARIO S
Address: 528 COCONUT ISLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: GONZALEZ, JULIE
Address: 528 COCONUT ISLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: GONZALEZ, ANTHONY
Address: 528 COCONUT ISLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

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

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: MARIO S. GONZALEZ

MGRM

04/21/2004

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