

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017061

Entity Name: MG PIANO GALLERY, LLC

FILED
Feb 04, 2006
Secretary of State

Current Principal Place of Business:

4390 WESTROADS DRIVE
BAY C
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

4390 WESTROADS DRIVE
BAY C
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401 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: MGRM () Delete
Name: GRANT, GENE A
Address: 4390 WESTROADS DRIVE, BAY C
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: GRANT, MARILYN M
Address: 4390 WESTROADS DRIVE, BAY C
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGR () Change (X) Addition
Name: LOWE, ERICKA
Address: 4390 WESTROADS DRIVE, BAY C
City-St-Zip: WEST PALM BEACH, FL 33407 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GENE GRANT

MGMR

02/04/2006

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