

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000034995

1. Entity Name
MAG INVESTMENTS, LLC



Principal Place of Business
**6235 EDGEWATER DR.
ORLANDO, FL 32810**

Mailing Address
**6235 EDGEWATER DR.
ORLANDO, FL 32810**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0225203

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ASBATE, GEORGE M
6235 EDGEWATER DR.
ORLANDO, FL 32810**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
ASBATE, GEORGE M PARTNER
751 OLD MOUNT DORA RD.
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MATTIOLI, GIANFRANCO PARTNER
3370 HORSESHOE BEND COURT
LONGWOOD, FL 32779**

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

U00000390794
01/24/06-80012-020 50.00

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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

Date

Daytime Phone #

407-
2906100