

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003742

Entity Name: MARGATE GROUP,L.L.C.

FILED
Aug 31, 2007
Secretary of State

Current Principal Place of Business:

2828 CORAL WAY
302
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 836743
MIAMI, FL 33283

New Mailing Address:

FEI Number: 20-1947094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARCIA, LIDIA
8020 SW 152 AV
314
MIAMI, FL 33193 US

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: MGR () Delete
Name: MARKOVICH, ALBERTO
Address: 10875 SW 112 AV, UNIT 317
City-St-Zip: MIAMI, FL 3376 US

Title: MGR () Delete
Name: MARKOVICH, CARMEN
Address: 10875 SW 112 AV., UNIT 317
City-St-Zip: MIAMI, FL 33176 US

Title: MGR () Delete
Name: MARKOVICH, LUIS
Address: 5041 SW 148 PL
City-St-Zip: MIAMI, FL 33185

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 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: ALBERTO MARKOVICH

MGR

08/31/2007

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