

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000018585

FILED
Jul 23, 2008
Secretary of State**Entity Name:** MIKE MAGEE LLC**Current Principal Place of Business:**4000 BARRACUDA DR. SE
ST. PETERSBURG, FL 33705 US**New Principal Place of Business:****Current Mailing Address:**4000 BARRACUDA DR. SE
ST. PETERSBURG, FL 33705 US**New Mailing Address:****FEI Number:** 51-0502457**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MAGEE, MIKE
4000 BARRACUDA DR. SE
ST. PETERSBURG, FL 33705 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: MAGEE, MIKE
Address: 4000 BARRACUDA DR. SE
City-St-Zip: ST. PETERSBURG, FL 33705Title: MGRM () Delete
Name: PARSONS, DANA
Address: 579 N. W. CHICKADEE WAY
City-St-Zip: MADISON, FL 32340Title: MGRM () Delete
Name: PARSONS, JOHN
Address: 7336 PULSAR STREET
City-St-Zip: NEW PORT RICHY, FL 34652**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM (X) Change () Addition
Name: LAWRENCE, MICAH
Address: 2025 LAKEWOOD CLUB DR. S.
City-St-Zip: ST PETERSBURG, FL 33712

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: MICHAEL MAGEE

MGRM

07/23/2008

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