

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018585

Entity Name: MIKE MAGEE LLC

FILED  
Jan 16, 2009  
Secretary of State

**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 33705

Title: MGRM ( ) Delete  
Name: PARSONS, DANA  
Address: 579 N. W. CHICKADEE WAY  
City-St-Zip: MADISON, FL 32340

Title: MGRM (X) Delete  
Name: LAWRENCE, MICAH  
Address: 2025 LAKEWOOD CLUB DR. S.  
City-St-Zip: ST PETERSBURG, FL 33712

**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: MICHAEL MAGEE

MGRM

01/16/2009

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