

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90022 042 ****50.00

DOCUMENT # L04000020771

1. Entity Name
MGF INVESTMENTS, LLC



Principal Place of Business
**9932 MONTAGUE ST
TAMPA, FL 33626 US**

Mailing Address
**9932 MONTAGUE ST
TAMPA, FL 33626 US**

2. Principal Place of Business

15020 ARBOR Hollow DR

3. Mailing Address

15020 ARBOR Hollow DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA, FL.

City & State

ODESSA, FL.

Zip

Country

33556-3142

Zip

Country

33556-3142

04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number

26-0085429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, JAMES H
9932 MONTAGUE ST.
TAMPA, FL 33626**

**15020 ARBOR Hollow DR
ODESSA, FL. 33556-3142**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MORGAN, JAMES H
STREET ADDRESS 9932 MONTAGUE ST.
CITY-ST-ZIP TAMPA, FL 33626

TITLE MGRM ☐ Delete
NAME GREENE, TRENTON A
STREET ADDRESS 10709 AYRSHIRE DR
CITY-ST-ZIP TAMPA, FL 33626

TITLE MGRM ☐ Delete
NAME FORD, ADAM
STREET ADDRESS 185 23RD AVE. N.
CITY-ST-ZIP ST PETERSBERG, FL 33704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-1-05

Date

8132300189

Daytime Phone #