

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90291 002 ****55.00

DOCUMENT # L04000024691

1. Entity Name
MGP INVESTMENT LLC



Principal Place of Business
**1835 MAIN ST, STE 101
 WESTON, FL 33326**

Mailing Address
**1835 MAIN ST, STE 101
 WESTON, FL 33326**



2. Principal Place of Business
1290 Weston Rd

3. Mailing Address
1290 Weston Rd

Suite, Apt. #, etc.
STE 214

Suite, Apt. #, etc.
STE 214

City & State
Weston, FL

City & State
Weston, FL

Zip
33326

Country
USA

Zip
33326

Country
USA

01192005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0993074

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**URQUIOLA, JOAQUIN
 GOLDSTEIN SCHECHTER PRICE, ET AL
 2121 PONCE DE LEON BLVD, STE 1100
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
MANUEL M. GUEVARA

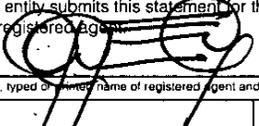
Street Address (P.O. Box Number is Not Acceptable)
1290 Weston Rd

Suite, Apt. #, etc.
Suite 214

City
Weston

FL Zip Code
33326

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:  **MANUEL M. GUEVARA** 3/28/05

(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fees \$50.00
 Due by May 1, 2005**

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

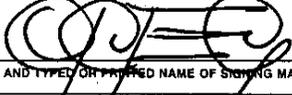
9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUEVARA P., MANUEL 1835 MAIN ST, STE 101 WESTON, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUEVARA M., ALEJANDRO 1835 MAIN ST, STE 101 WESTON, FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1290 Weston Rd, STE 214 WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1290 Weston Rd, STE 214 Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MANUEL M. GUEVARA** 3/28/05 954-217-7590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #