



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90027 037 \*\*\*\*50.00

<b>DOCUMENT # L04000061057</b> 1. Entity Name MG DEVELOPMENT OF GRAND HAVEN, LLC					
Principal Place of Business 1591 ESTUARY TRAIL DELRAY BEACH, FL 33483			Mailing Address 1591 ESTUARY TRAIL DELRAY BEACH, FL 33483		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04052005    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number 20-1538982	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  IVAN, MICHAEL J JR., ESQ 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name Michael J. Ivan, Jr. Esq. Street Address (P.O. Box Number is Not Acceptable) One Independent Drive Suite 3131 City Jacksonville    FL    Zip Code 32202		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR: Melanie K. Barba 1591 Estuary Trail Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR: Gerard A. Tramontozzi 1591 Estuary Trail Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <i>Melanie K. Barba</i>			4-18-05    5612781163		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		