## 2007 LIMITED LIABILITY COMPANY

## Mar 02, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # L04000061057** 03-02-2007 90188 044 \*\*\*\*50.00 MG DEVELOPMENT OF GRAND HAVEN, LLC Principal Place of Business Mailing Address 00040007 10 OCEAN HARBOUR CIRCLE 10 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435-6207 OCEAN RIDGE, FL 33435-6207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01232007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4 FFI Number 20-1538982 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IVAN, MICHAEL J JR., ESQ Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 3131** JACKSONVILLE, FL 32202 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR N Change ☐ Addition TITLE TIT) F Delete NAME BARBA, MELANIE K NAME STREET ADDRESS 10 Ocean Harbour Circle STREET ADDRESS 1591 ESTUARY TRAIL CITY-ST-ZIP Ocean Ridge, FL 33435-6207 DELRAY BEACH, FL 33483 CiTY-ST-7IP Addition TITLE Delete TRAMONTOZZI, GERARD A 1591 ESTUARY TRAIL STREET ADDRESS 10 Ocean Harbour Circle STREET ADDRESS CITY-ST-ZIP Ocean Ridge, FL 33435-6207 CITY-ST-ZIP DELRAY BEACH, FL 33483 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE THIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**SIGNATURE** 

Davtime Phone #

FILED