


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000061057</b> 1. Entity Name MG DEVELOPMENT OF GRAND HAVEN, LLC	
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Principal Place of Business 10 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435-6207	Mailing Address 10 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435-6207
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1538982	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  IVAN, MICHAEL J JR., ESQ ONE INDEPENDENT DRIVE SUITE 3131 JACKSONVILLE, FL 32202
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBA, MELANIE K 10 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAMONTOZZI, GERARD A 10 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000825708  
02/21/08-80019-023/138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby 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 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:**  **2-8-08 203 980 8484**

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