## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000064676** 

1. Entity Name MAGDALINA DRIVE, LLC



**FILED** Apr 21, 2006 08:00 AM Secretary of State

Principal Place of Business

1426 W. 4TH STREET BROOKLYN, NY 11024 Mailing Address

1426 W. 4TH STREET BROOKLYN, NY 11024



01212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2009220

Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

WILSON, MICHAEL M 18501 MURDOCK CIRCLE, SUITE 101 PORT CHARLOTTE, FL 33948

## DO NOT WRITE IN THIS SPACE

ð.	. The above named entity submits this statement for the purpose of char	nging its registered office	or registered agent, or	both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.				
			í		

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registared Agent signature regulard when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STRELT ADDRESS CITY-ST-ZIP	MGRM MOISEENKO, IGOR 1428 W. 4TH STREET BROOKLYN, NY 11024		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

U00000524496 05/03/06-80113-009 **50.**00

## 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.

OR AUTHORIZED REPRESENTATIVE

Daytime Phone #