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Jun 13, 2005 8:00 am  
Secretary of State

05-03-2005 90023 035 \*\*\*\*50.00


2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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03112005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000091222</b>			
1. Entity Name <b>MAGEND HOLDINGS, LLC</b>			
Principal Place of Business <b>6100 HOLLYWOOD BLVD., 7TH FLOOR HOLLYWOOD, FL 33024</b>		Mailing Address <b>6100 HOLLYWOOD BLVD., 7TH FLOOR HOLLYWOOD, FL 33024</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name <b>David G. Tamey Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6100 Hollywood Boulevard 7th Floor</b> City <b>Hollywood</b> FL Zip Code <b>33024</b>	
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 <b>[Signature]</b> DATE <b>5/23/05</b> <small>Signature-typist or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FALIC, SIMON</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Falic, Simon</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6100 Hollywood Boulevard, 7th Floor Hollywood, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FALIC, JEROME</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Falic, Jerome</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6100 Hollywood Boulevard, 7th Floor Hollywood, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FALIC, LEON</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Falic, Leon</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6100 Hollywood Boulevard, 7th Floor Hollywood, FL 33024</b>
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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: <b>[Signature]</b> DATE <b>4/12/05</b> (954) 996-7770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			