

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006047

Entity Name: MAGENDIQUE, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

6100 HOLLYWOOD BOULEVARD, 7TH FLOOR
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6100 HOLLYWOOD BOULEVARD, 7TH FLOOR
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 20-5242882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANEY, DAVID J MR.
6100 HOLLYWOOD BOULEVARD
7TH FLOOR
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MRGM () Delete
Name: FALIC, SIMON
Address: 6100 HOLLYWOOD BOULEVARD, 7TH FLOOR
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGRM () Delete
Name: FALIC, JEROME
Address: 6100 HOLLYWOOD BOULEVARD, 7TH FLOOR
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGRM () Delete
Name: FALIC, LEON
Address: 6100 HOLLYWOOD BOULEVARD, 7TH FLOOR
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SIMON FALIC

MRGM

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date