

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90188 043 ****50.00

DOCUMENT # L05000011703

1. Entity Name
MG HOLDING, LLC



Principal Place of Business
10 OCEAN HARBOUR CIRCLE
OCEAN RIDGE, FL 33435-6207

Mailing Address
10 OCEAN HARBOUR CIRCLE
OCEAN RIDGE, FL 33435-6207

00020508



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

City & State

4. FEI Number
20-2277540

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVAN, MICHAEL J
ONE INDEPENDENT DRIVE, SUITE 3131
JACKSONVILLE, FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BARBA, MELANIE K
STREET ADDRESS 1591 ESTUARY TRAIL
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☒ Change ☐ Addition
NAME 10 Ocean Harbour Circle
STREET ADDRESS Ocean Ridge, FL 33435-6207
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME TRAMONTOZZI, GERRARD R
STREET ADDRESS 1591 ESTUARY TRL
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☒ Change ☐ Addition
NAME Tramontozzi, Gerrard A.
STREET ADDRESS 10 Ocean Harbour Circle
CITY-ST-ZIP Ocean Ridge, FL 33435-6207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-12-07