


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000017509 1. Entity Name MGDAN, LLC	
-----------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 5781 SW 7TH STREET PLANTATION, FL 33317	Mailing Address 5781 SW 7TH STREET PLANTATION, FL 33317
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------



01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
----------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent LEVY, MOLLY 5781 SW 7TH STREET PLANTATION, FL 33317

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

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

000000608042
01/31/07-80061-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, MOLLY 5781 SW 7TH STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, DANIEL 5781 SW 7TH STREET PLANTATION, FL 33317
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	

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: *Molly S. Levy* **1/20/07** **954-583-6723**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #