## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Sep 14, 2007 8:00 am Secretary of State DOCUMENT # L05000039995 1. Entity Name 09-14-2007 90028 004 \*\*\*\*50.00 MAG HOLDINGS, LLC Principal Place of Business Mailing Address 3385 OLD KEYSTONE ROAD 3385 OLD KEYSTONE ROAD 60056043 TARPON SPRINGS, FL 34688 US TARPON SPRINGS, FL 34688 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05152007 Cho-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4051464 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ECKARD, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 3110 ALT 19. NORTH SUITE A PALM HARBOR, FL 34683 City 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 registrated agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE Change ☐ Addition GEIGER, MATTHEW A NAME NAME STREET ADDRESS 3385 OLD KEYSTONE ROAD STREET ADDRESS TARPON SPRINGS, FL 34688 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CXTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ΠLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the powered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the info indicated on this report is the curate and the limited liability company SIGNATURE:

**FILED** 

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## ATTACHMENT **DOCUMENT # L05000039995** 1. Entity Name MAG HOLDINGS, LLC Principal Place of Business Mailing Address #60056043 3385 OLD KEYSTONE ROAD 3385 OLD KEYSTONE ROAD TARPON SPRINGS, FL 34688 US TARPON SPRINGS, FL 34688 US 4 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05152007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-4051464 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ECKARD, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 3110 ALT 19. NORTH SUITE A PALM HARBOR, FL 34683 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 lamiliar 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 Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. MGR Delete TOD E Member Change Addition TITLE John Geiger 13555 Astomobile Blud Svite 360 GEIGER, MATTHEW A NAME MALE STREET ADDRESS 3385 OLD KEYSTONE ROAD STREET ADDRESS TARPON SPRINGS, FL 34688 CITY-ST-78P CITY+ST-789 learwater FL 3376Z Member ☐ Detete MILE **X** Addition TITLE Nancy Baumgart 10541 Baracoa Court Trinity, FL 34655 KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE Change Addition MAME MALE STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-70P surplied with this fiting dies not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 liver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the informatindicated on this report is true limited liability company or th SIGNATURE: NATURE AND TYP BER, MANAGER, OR AUTHORIZED REPRESENTATIVE