


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 OCT 15 AM 11:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000043476 1. Entity Name MGCJ 64 HOLDINGS GROUP, LLC	
---	---

Principal Place of Business 920 WEST 84TH STREET HIALEAH, FL 33014	Mailing Address 920 WEST 84TH STREET HIALEAH, FL 33014
--	--



2. Principal Place of Business - No P.O. Box # 5803 NW 151 St Suite, Apt. #, etc. Suite 201 City & State Miami Lakes, FL Zip 33014 Country US	3. Mailing Address 5803 NW 151 St. Suite, Apt. #, etc. Suite 201 City & State Miami Lakes, FL Zip 33014 Country US
--	---

07082008	LLC	CR2E083 (12/06)	
4. FEI Number 20-3347732		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 SOTO, MIGUEL 920 WEST 84TH STREET HIALEAH, FL 33014	7. Name and Address of New Registered Agent Name Miguel Soto Street Address (P.O. Box Number is Not Acceptable) 5803 NW 151 St, #201 City Miami Lakes FL Zip Code 33014
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
--	--	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, MIGUEL	NAME	
STREET ADDRESS	920 WEST 84TH STREET,	STREET ADDRESS	5803 NW 151 St, #201
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

100136867111
10/13/08--01027--017 ***138.75

REINSTATEMENT

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 # _____