

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


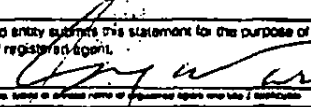

04-24-2006 90070 025 ****50.00

FILED L05000060316

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:26

30011103

DOCUMENT # L05000060316					
1. Entity Name MAGUA III, LLC					
Principal Place of Business 7620 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141			Mailing Address 7620 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-4882187				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent M & W AGENTST, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON FL 33431			7. Name and Address of New Registered Agent Name GUALBERTO A. NAVARRO Street Address (P.O. Box Number is Not Acceptable) 7620 Miami View Drive City N. Bay Village FL 33141		
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: 					
<p>FILE NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State. Due By May 1, 2008</p>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
<input type="checkbox"/> Delete	GUALBERTO NAVARRO	7620 Miami View Dr. No. Bay Village, FL 33141		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MARIA M. NAVARRO	7620 Miami View Dr. No. Bay Village, FL 33141		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.					
SIGNATURE:  4/13/06 (Secretary)					