## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 08, 2007 08:00 Al Secretary of State

ANTIGAL ILLI GITI				TED 00, 2007 00.00
DOCUMENT # L05000061615  1. Entity Name MGD PUBLISHING, LLC				Secretary of Sta
Principal Plac 427 HERON NAPLES, FL		Mailing Address 427 HERON AVE NAPLES, FL 34108 US		7 } } !
· ,	O NOT WRITE	IN THIS SOA	CE	02032007 No Chg-LLC CR2E083 (11/05)
L	O NO! WKIE	IN THIS SPA	CE .	4. FEI Number Applied For 05-0626388 Not Applicable
				5. Certificate of Status Desired \$5.00 Additional Fee Required
427 HERC	6. Name and Address of Current R  7. DYREL P  DN AVE  FL 34108	egistered Agent		DO NOT WRITE IN THIS SPACE
the obligat	e named entity submits this statement for a tions of registered agent.  Signature, typed or printed name of registered agent and liling Foe is \$50.00 ue by May 1, 2007		red office or register	ed agent, or both, in the State of Florida. ) am familiar with, and accept when reinstating)  DATE
9.	MANAGING MEMBER	S/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DELANEY, DYREL P 427 HERON AVE NAPLES, FL 34108			U00000627445 02/15/07-80062-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS			,	IN THIS SPACE
CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 emproyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR RINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Feb. 2,07

(239) 594-178

Daytime Phone #