



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000063808</b> 1. Entity Name MGRG ENTERPRISES, LLC	
---	---

Principal Place of Business 6729 KEITHLY ROAD PANAMA CITY, FL 32404-4479	Mailing Address 6729 KEITHLY ROAD PANAMA CITY, FL 32404-4479
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

	
01072008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number NOT APPLICABLE	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  GARNER, WILLIE E 6729 KEITHLY ROAD PANAMA CITY, FL 32404-4479
--

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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>
---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARNER, WILLIE E 6729 KEITHLY ROAD PANAMA CITY, FL 324044479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARNER, JEANNETTE D 6729 KEITHLY ROAD PANAMA CITY, FL 324044479
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	

U00000833204 02/28/08-80003-017 138.75
<b>DO NOT WRITE IN THIS SPACE</b>

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: <u>Jeannie M. Adkins</u>	Date: <u>2/11/08</u>	Daytime Phone #: <u>859-763-4128</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		