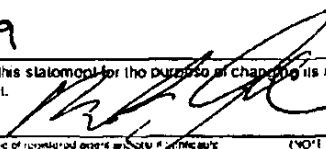
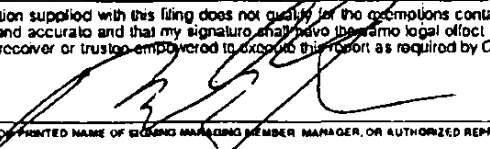


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000083342 1. Entity Name MAG, LLC					
Principal Place of Business 6539 WHISPERINGWIND WAY DELRAY BEACH FL 33484			Mailing Address 6539 WHISPERINGWIND WAY DELRAY BEACH FL 33484		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-4252987	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GORDON, MARK 6539 WHISPERINGWIND WAY DELRAY BEACH FL 33484 954 709-1119					
7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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:  DATE: 1-18-07					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS Mgrm			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP GORDON, MARK A 6539 WHISPERING WIND WAY DELRAY BEACH FL 33484			TITLE NAME STREET ADDRESS CITY ST ZIP Managing Member		
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ 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 608, Florida Statutes.					
SIGNATURE:  DATE: 1-18-07					

FILED

07 MAR -8 AM 9:56

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

1st MOORE CR2E083 (10/06)

**954
1-18-07 2703283**

954 270-3233