

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086412

FILED
Jan 04, 2006
Secretary of State

Entity Name: MAG INVESTMENT GROUP, LLC

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3392128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBAUM, MICHAEL J
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: PEREZ, AGUSTIN J
Address: 201 ALHAMBRA CIRCLE, STE. 601
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: RODRIGUEZ, MANUEL A
Address: 201 ALHAMBRA CIRCLE, STE 601
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: CANTENS, GASTON E
Address: 201 ALHAMBRA CIRCLE, STE 601
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AGUSTIN PEREZ

MGR

01/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date