

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90033 024 ****55.00

DOCUMENT # L05000086412

1. Entity Name
MAG INVESTMENT GROUP, LLC



Principal Place of Business

**201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134**

Mailing Address

**201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134**



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3392128

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEREZ, AGUSTIN J
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE. 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	RODRIGUEZ, MANUEL A
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	CANTENS, GASTON E
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #