


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90035 004 \*\*\*\*55.00

DOCUMENT # L05000104495			
1. Entity Name MAGUIRE PROPERTIES, LLC			
Principal Place of Business 34649 VALLEY HILL LANE EUSTIS, FL 32736		Mailing Address 34649 VALLEY HILL LANE EUSTIS, FL 32736	
2. Principal Place of Business 11520 KANUBA COURT Suite, Apt. #, etc.		3. Mailing Address 11520 KANUBA COURT Suite, Apt. #, etc.	
City & State CLERMONT FL		City & State CLERMONT FL	
Zip 34715	Country USA	Zip 34715	Country
6. Name and Address of Current Registered Agent BOWERS, JAMES 34649 VALLEY HILL LANE EUSTIS, FL 32736		7. Name and Address of New Registered Agent Name JAMES HARRISON Street Address (P.O. Box Number is Not Acceptable) 11520 KANUBA COURT City CLERMONT FL Zip Code 34715	
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 <i>James Harrison</i>		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWERS, JAMES 34649 VALLEY HILL LANE EUSTIS, FL 32736 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRISON, JAMES 11520 KANUBA COURT CLERMONT, FL 34715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>James Harrison</i>		JAMES HARRISON 1/14/06 321-229-2542	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #