

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		4. FEI Number 11-3766098	
Zip 34715 Country USA		Zip 34715 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
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 <u>JAMES HARRISON</u> Street Address (P.O. Box Number is Not Acceptable) 11520 KANUBA COURT City <u>CLERMONT</u> <u>FL</u> <u>34715</u>		
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 <u>James Harrison</u> (NOTE: Registered Agent signature required when reinstating) 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	MGRM HARRISON, JAMES 11520 KANUBA COURT CLERMONT, FL 34715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>James Harrison</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		JAMES HARRISON 1/4/06 321-229-2542 Date Daytime Phone #			