

# **2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000104495

**FILED**  
**Jun 08, 2006**  
**Secretary of State**

**Entity Name:** MAGUIRE PROPERTIES, LLC

**Current Principal Place of Business:**

11520 KANUBA COURT  
CLERMONT, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

11520 KANUBA COURT  
CLERMONT, FL 34715

**New Mailing Address:**

P.O. BOX 948265  
MAITLAND, FL 32794

**FEI Number:** 11-3766098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRISON, JAMES  
11520 KANUBA COURT  
CLERMONT, FL 34715 US

**Name and Address of New Registered Agent:**

HARRISON, JAMES  
11520 KANUBA COURT  
CLERMONT, FL 34715 US

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:**

06/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HARRISON, JAMES  
Address: 11520 KANUBA COURT  
City-St-Zip: CLERMONT, FL 34715

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: COWIE, SARAH C  
Address: 130 MINNEHAHA CIRCLE  
City-St-Zip: MAITLAND, FL 32751

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:** JAMES HARRISON

MGRM

06/08/2006

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