

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90025 007 \*\*\*\*50.00

**DOCUMENT # L06000035405**

1. Entity Name  
**MGH PAIGE & ASSOCIATES, LLC**



Principal Place of Business  
**97 CAMELOT RIDGE DRIVE  
BRANDON, FL 33511**

Mailing Address  
**P.O. BOX 10923  
TAMPA, FL 33679**

**60041944**



2. Principal Place of Business - No P.O. Box #  
**6908 ANGEL FARM DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 10923**  
Suite, Apt. #, etc.

04192007 Chg-LLC CR2E083 (12/06)

City & State  
**ODessa FL**

City & State  
**TAMPA FL**

4. FEI Number  
**81-0652039**

Applied For  
Not Applicable

Zip  
**33556**

Country  
**USA**

Zip  
**33679**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PHILLIPS, GREGORY  
97 CAMELOT RIDGE DRIVE  
BRANDON, FL 33511**

**7. Name and Address of New Registered Agent**

Name **PHILLIPS, GREGORY**  
Street Address (P.O. Box Number is Not Acceptable)  
**6908 ANGEL FARM Drive**  
City **ODessa** **FL** Zip Code **33556**

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 **GREGORY PHILLIPS** **4/25/2007**  
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

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **PHILLIPS, GREGORY**  
STREET ADDRESS **97 CAMELOT RIDGE DRIVE**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **MGRM** ☐ Delete  
NAME **PHILLIPS, HEATHER**  
STREET ADDRESS **97 CAMELOT RIDGE DRIVE**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **PHILLIPS, GREGORY**  
STREET ADDRESS **6908 ANGEL FARM Drive**  
CITY-ST-ZIP **ODessa, FL 33556**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **PHILLIPS, HEATHER**  
STREET ADDRESS **6908 ANGEL FARM Drive**  
CITY-ST-ZIP **ODessa, FL 33556**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **GREGORY PHILLIPS** **4/25/2007** **813 333 6299**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #