

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077834

FILED
Apr 26, 2007
Secretary of State

Entity Name: MAGDALENA PARTNERS, LLC

Current Principal Place of Business:

11250 NW 56 STREET
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

11250 NW 56 STREET
DORAL, FL 33178

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, GERARDO J
11250 NW 56 STREET
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MENDEZ, GUSTAVO J SR.
Address: 11250 NW 56 STREET
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: MENDEZ, ESPERANZA E
Address: 11250 NW 56 STREET
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: MENDEZ, JUAN P
Address: 11250 NW 56 STREET
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: MENDEZ, TOMAS I
Address: 11250 NW 56 STREET
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: MENDEZ, GUSTAVO J JR.
Address: 11250 NW 56 STREET
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GUSTAVO MENDEZ

MGRM

04/26/2007

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