


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90432 033 ****50.00

DOCUMENT # L06000101482 1. Entity Name MAGER MAINTENANCE HOME REPAIR, L.L.C.			
Principal Place of Business 3098 GETTY WAY, APT. 111 ORLANDO, FL 32835		Mailing Address 3098 GETTY WAY, APT. 111 ORLANDO, FL 32835	
2. Principal Place of Business - No P.O. Box # 4913 Bellthorn Dr.		3. Mailing Address 4913 Bellthorn Dr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32837		Zip 32837	
Country USA		Country USA	
4. FEI Number 51-060 1519		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGER, RANDALL 3098 GETTY WAY, APT. 111 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name Randall Mager Street Address (P.O. Box Number is Not Acceptable) 4913 Bellthorn Dr. City Orlando FL Zip Code 32837	
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>Randy Mager</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGER, RANDALL 3098 GETTY WAY, APT. 111 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4913 Bellthorn Dr. Orlando, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGER, TANYA 3098 GETTY WAY, APT. 111 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4913 Bellthorn Dr. Orlando, FL 32837 <input checked="" 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>Randy Mager</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 3/27/07 <small>Date Daytime Phone #</small>	