

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044073

Entity Name: MAGIC CASTLE USA, LLC.

FILED
Apr 20, 2008
Secretary of State

Current Principal Place of Business:

4995 NW 72 AVENUE
SUITE 205
MIAMI, FL 33166

New Principal Place of Business:

1000 TOWN CENTER DR.
SUITE 300
OXNARD, CA 93036

Current Mailing Address:

4995 NW 72 AVENUE
SUITE 205
MIAMI, FL 33166

New Mailing Address:

1000 TOWN CENTER DR.
SUITE 300
OXNARD, CA 93036

FEI Number: 20-8941144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENA, HECTOR
4995 NW 72 AVENUE
STE 205
MIAMI, FL 33166 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: MENA, HECTOR
Address: 4995 NW 72 AVENUE, STE 205
City-St-Zip: MIAMI, FL 33166 US

Title: MGR () Delete
Name: VITERI, ANDRES E
Address: 4995 NW 72 AVENUE, STE 205
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MENA, HECTOR
Address: 1000 TOWN CENTER DR.
City-St-Zip: OXNARD, CA 93036 US

Title: MGR (X) Change () Addition
Name: PEÑAFIEL, ROSA E
Address: 1000 TOWN CENTER DR.
City-St-Zip: OXNARD, CA 93036 US

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: ROSA PEÑAFIEL

MGR

04/20/2008

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