


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90135 006 ***143.75

DOCUMENT # L07000053802

1. Entity Name
MG20 LLC



Principal Place of Business
**20 WEST ADAMS
 JACKSONVILLE, FL 32202**

Mailing Address
**1725 OAKHURST AVENUE
 JACKSONVILLE, FL 32208**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 40886
 Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

Zip
32203-0886 Country
DUVAL

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0209202 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CANADY, CHRISTOPHER
 1725 OAKHURST AVENUE
 JACKSONVILLE, FL 32208**

7. Name and Address of New Registered Agent
 Name **MARION GRAHAM JR**
 Street Address (P.O. Box Number is Not Acceptable)
1725 OAKHURST AVENUE
 City **JACKSONVILLE** FL Zip Code **32208**

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  DATE **4-1-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAHAM, MARION JR 1725 OAKHURST AVENUE JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:  DATE **4-1-08** Daytime Phone # **904-509-3350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #