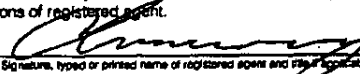
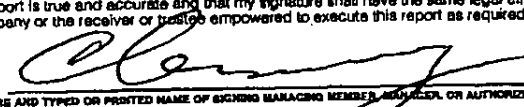


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/18/

FILED
Mar 28, 2008 8:00 am
Secretary of State

02-18-2008 90076 048 ***138.75

DOCUMENT # L07000064345 1. Entity Name MG TOWER, LLC					
Principal Place of Business 600 CLEVELAND STREET CLEARWATER, FL 33755			Mailing Address 611 S. FT. HARRISON, #352 CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 26-0421996			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RYTER, ZARITSKY & LIEBER, LLP 566 N.E. 19TH STREET SUITE 100 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name MLG MANAGEMENT LLC Street Address (P.O. Box Number is Not Acceptable) 6014 US HWY 19 SUITE 110 New Port Richey FL 34652		
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  Signature, typed or printed name of registered agent and title acceptable.		Chester J. Oszkandy (NOTE: Registered Agent signature required when reappointing)		DATE 2/15/08	
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	MGRM FISCHLER, IDO 500 NORTH OSCEOLA AVENUE, APT. 208 CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YEHUDA, LIMITED PARTNERSHIP 403 EDGEWOOD AVENUE CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 2/15/08 Daytime Phone # 262-7962636		