

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90095 040 \*\*\*138.75

<b>DOCUMENT # L07000124773</b>					
<b>1. Entity Name</b> MAGPLAZA, LLC					
<b>Principal Place of Business</b> 2201 S.E. 30TH AVENUE SUITE 201 OCALA, FL 34471 US			<b>Mailing Address</b> 2201 S.E. 30TH AVENUE SUITE 201 OCALA, FL 34471 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 26-1673396	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GONZALES, ROBERT J 1951 TWIN BRIDGE CIRCLE OCALA, FL 34471			<b>7. Name and Address of New Registered Agent</b> Name: <u>Wiechens, Christopher S.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2201 SE 30th Avenue</u> Suite <u>201</u> City: <u>Ocala</u> FL Zip Code: <u>34471</u>		
<b>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.</b>  SIGNATURE: <u>Christopher S. Wiechens</u> DATE: <u>2/6/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete KENNETH L. WIECHENS TESTAMENTARY TRUST 445 N.E. 8TH AVENUE OCALA, FL 34470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete EVA JANE GONZALES REVOCABLE TRUST 1951 TWIN BRIDGE CIRCLE OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete ROBERT J. GONZALES REVOCABLE TRUST 1951 TWIN BRIDGE CIRCLE OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete EUGENE AND LESLIE WIECHENS, TBE 445 N.E. 8TH AVENUE OCALA, FL 34470		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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Christopher S. Wiechens</u>			Date: <u>2/6/08</u> Daytime Phone #: <u>352-622-3214</u>		