2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124773

Entity Name: MAGPLAZA, LLC

Address:

445 N.E. 8TH AVENUE

City-St-Zip: OCALA, FL 34470 US

FILED Mar 14, 2009 Secretary of State

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
2201 S.E. SUITE 201 OCALA, F				
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
2201 S.E.	30TH AVENUE			
SUITE 201 OCALA, F				
FEI Number	: 26-1673396 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Registered Agent	: Name and Address	of New Registered Agent:	
	IS, CHRISTOPHER S 0TH AVE STE 201 L 34471 US			
	e named entity submits this statement for the of Florida.	he purpose of changing its registe	red office or registered agent, or both	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete KENNETH L. WIECHENS, TESTAMENTARY T R 445 N.E. 8TH AVENUE OCALA, FL 34470 US	Title: UST Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete EVA JANE GONZALES RE, VOCABLE TRUST 1951 TWIN BRIDGE CIRCLE OCALA, FL 34471 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete ROBERT J. GONZALES R, EVOCABLE TRUST 1951 TWIN BRIDGE CIRCLE OCALA, FL 34471 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete EUGENE AND LESLIE WI, ECHENS, TBE	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: EUGENE A. WIECHENS MGRM 03/14/2009