2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# L08000108993

Entity Name: MAG PARTNERS, LLC

Current Principal Place of Business:

2655 S. LE JEUNE ROAD
1110
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 S. LE JEUNE ROAD
1110
CORAL GABLES, FL 33134

New Mailing Address:

2655 S. LE JEUNE ROAD
1110
CORAL GABLES, FL 33134 US

FEI Number: 26-3780025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COOLEY, KATHERINE M
1131 OBISPO AVENUE
CORAL GABLES, FL 33134 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: MGR ( ) Delete
Name: COOLEY, KATHERINE M
Address: 2655 S. LEJEUNE ROAD. SUITE 1110
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete
Name: YAVUZ-SENKESEN, AYBEGUM F
Address: 2655 S LEJEUNE ROAD, SUITE 1110
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete
Name: SABO, EDUARDO
Address: 2655 S. LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KATHERINE M. COOLEY MGR 02/24/2009

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