


**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90197 009 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|   |   |                                 |  |  |   |
|---|---|---------------------------------|--|--|---|
| <b>DOCUMENT # L99000007648</b>  |   |                                 |  |   |   |
| 1. Entity Name<br>MGV-MAK, LLC  |   |                                 |  |  |   |
| Principal Place of Business<br>12 NE 188TH STREET<br>NORTH MIAMI, FL 33179  |   |                                 | Mailing Address<br>12 NE 188TH STREET<br>NORTH MIAMI, FL 33179 |  |   |
| 2. Principal Place of Business  |   |                                 | 3. Mailing Address   |  |   |
| Suite, Apt. #, etc.   |   |                                 | Suite, Apt. #, etc.  |  |   |
| City & State  |   |                                 | City & State   |  |   |
| Zip   |   | Country                         |  | Zip  |   |
|   |   |                                 |  | Country  |   |
| 6. Name and Address of Current Registered Agent<br><br>MAK, GEORGE<br>12 NE 188TH STREET<br>NORTH MIAMI, FL 33179   |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____   |   |                                 |  |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2004   |   |                                 |  | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                 |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>MGV-MAK, INC.<br>12 NE 188 ST<br>MIAMI, FL 33179 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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: <u>George Mak</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |                                 |  | Date: <u>Feb 25-04</u><br>Daytime Phone #  |   |