## \*2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY - ST - ZIP

## Apr 02, 2005 08:00 AM Secretary of State **DOCUMENT # L99000007648** 1. Entity Name MGV-MAK, LLC Principal Place of Business Mailing Address 12 NE 188TH STREET 12 NE 188TH STREET NORTH MIAMI, FL 33179 NORTH MIAMI, FL 33179 03242005 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0962506 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAK, GEORGE DO NOT WRITE 12 NE 188TH STREET NORTH MIAMI, FL 33179 IN THIS SPACE 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 if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGR TITLE MGV-MAK, INC. NAME 12 NE 188 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 TITLE U00000284597 04/02/05-80010-025 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED**