2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# M03000000932

Entity Name: MIG HOLDINGS LLC

Current Principal Place of Business:

8890 W OAKLAND PK BLVD
#202
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

8890 W OAKLAND PK BLVD
#202
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 65-1092894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCUS, JEFFREY I
8990 W OAKLAND PARK BLVD.
#202
SUNRISE, FL 33326 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:	MGRM	( ) Delete
Name:	HARPAZ, AVIHAI	
Address:	5551 LOCKETT RD.	
City-St-Zip:	FT MYERS, FL 33905	
Title:	MGRM	( ) Delete
Name:	WOODS, CYPRUS	
Address:	5551 LOCKETT RD.	
City-St-Zip:	FT MYERS, FL 33905	
Title:	MGR	( ) Delete
Name:	MARCUS, JEFFREY I T	
Address:	8890 W OAKLAND PK BLVD # 202	
City-St-Zip:	SUNRISE, FL 33351	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MARCUS, JEFFREY I T	
Address:	8890 W OAKLAND PK BLVD # 202	
City-St-Zip:	SUNRISE, FL 33351	

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY I MARCUS D 01/12/2006

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