

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000932

Entity Name: MIG HOLDINGS LLC

FILED
Mar 27, 2008
Secretary of State

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:

HARPAZ, AVI
5551 LUCKETT ROAD
FT MYERS, FL 33905 US

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: AVI HARPAZ

03/27/2008

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: D (X) 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: () 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: AVI HARPAZ

D

03/27/2008

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