

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 MAR 13 AM 10:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A06000000336

1. Entity Name
 MAG REAL PROPERTY INVESTMENTS, LTD.



Principal Place of Business: 22295 N.W. 75TH AVE. MICANOPY, FL 32667
 Mailing Address: 22295 N.W. 75TH AVE. MICANOPY, FL 32667

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01032007 Chg-LP CR2E003 (12/06)

4. FEI Number: 20-4513834
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

CARRETERO, MACARENA
 ONE GROVE ISLE, APT. 1204
 COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000023037	STREET ADDRESS	
NAME	MAG MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	22295 N.W. 75TH AVE.		
CITY-ST-ZIP	MICANOPY, FL 32667		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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STAPLE HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ *[Signature]* _____ **March 9, 2007** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #