

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 15 PM 3:16

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



01022008 Chg-LP CR2E003 (12/06)

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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4513834		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARRETERO, MACARENA ONE GROVE ISLE, APT. 1204 COCONUT GROVE, FL 33133		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, 2008, 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	400115857974
NAME		CITY-ST-ZIP	01/23/08--01012--007 **500.00
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: Jan 7, 2008 (305) 772-1172
 Daytime Phone #

STAPLE CHECK HERE