

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 24, 2004 8:00 am**  
**Secretary of State**

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09-02-2004 90005 013 \*\*\*\*50.00

<b>DOCUMENT # L01000007191</b> 1. Entity Name <b>MAJIC REALTY, LC</b>					
Principal Place of Business <b>370 15TH ST S JACKSONVILLE BEACH, FL 32250</b>				Mailing Address <b>370 15TH ST S JACKSONVILLE BEACH, FL 32250</b>	
2. Principal Place of Business <b>370 15TH AVENUE SOUTH</b> Suite, Apt. #, etc. <b>SUITE A</b> City & State <b>JACKSONVILLE FL</b> Zip <b>32250</b>		3. Mailing Address <b>370 15TH AVENUE SOUTH</b> Suite, Apt. #, etc. <b>SUITE A</b> City & State <b>JACKSONVILLE BEACH FL</b> Zip <b>32250</b>			
Country <b>USA</b>		Country <b>USA</b>		08252004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>59-3719199</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOHNSTON, MICHAEL A 370 15TH ST S JACKSONVILLE BEACH, FL 32250</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> 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 <u><i>Michael Johnston</i></u> <small>Signature, typed or printed name of registered agent and not applicable.</small>			DATE <b>8-30-2004</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSTON, MICHAEL A 370 15TH ST S JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEMBER PRES JOHNSTON, MICHAEL A 370 15TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER/MGR GRACE TANSZ 103 ISLAND DRIVE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER/MGR-MBR V.P. GRACE TANSZ 103 ISLAND DRIVE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER/MGR TREASURER-MBR DONNA M KIM 136 INDIAN HAMMOCK LANE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER/MGR TREASURER-MBR DONNA M KIM 136 INDIAN HAMMOCK LANE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHUCK HYMM 2633 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN FONTANA VP-MBR 48 HURD STREET HUNTINGTON CT. 06484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHUCK HYMM 2633 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHUCK HYMM 2633 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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: <u><i>Michael Johnston</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <b>8-30-2004</b> DAYTIME PHONE <b>904-435-1040</b>		



Attachment  
34610548

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

September 3, 2004

MAJIC REALTY, LC  
370 15TH ST S  
JACKSONVILLE BEACH, FL 32250

Subject: MAJIC REALTY, LC

Reference Number: L01000007191

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314  
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION