

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007191

Entity Name: MAJIC REALTY, LC

FILED  
Aug 30, 2006  
Secretary of State

**Current Principal Place of Business:**

370 15TH AVENUE SOUTH  
STE A  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

370 15TH AVENUE SOUTH  
STE A  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 59-3719199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JOHNSTON, MICHAEL A  
370 15TH ST S  
JACKSONVILLE BEACH, FL 32250      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: JOHNSTON, MICHAEL A  
Address: 370 15TH AVENUE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR      ( ) Delete  
Name: TAUSZ, GRACE  
Address: 103 ISLAND DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T      ( ) Delete  
Name: KING, DONNA M  
Address: 136 INDIAN HAMMOCK LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP      ( ) Delete  
Name: FONTANA, JOHN  
Address: 48 HURD STREET  
City-St-Zip: HUNTINGTON, CT 06484

Title: VP      ( ) Delete  
Name: HYMM, CHUCK  
Address: 2633 S PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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:

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 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: DONNA M. KING

T

08/30/2006

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