

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007191

FILED
Apr 30, 2008
Secretary of State

Entity Name: MAJIC REALTY, LC

Current Principal Place of Business:

13000 SAWGRASS VILLAGE CIRCLE
SUITE 36A
PONTE VEDRA BEACH BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

13000 SAWGRASS VILLAGE CIRCLE
SUITE 36A
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3719199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, MICHAEL A
13000 SAWGRASS VILLAGE CIRCLE
SUITE 36A
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: 13000 SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VEDRA BEACH BEACH, FL 32082

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

Title: ST () 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: HUMM, CHUCK
Address: 13000 SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: TAUSZ, GRACE
Address: 100 FAIRWAY PARK BLVD. #1403
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HUMM, CHUCK
Address: 104 BELMONT ROAD
City-St-Zip: JACKSONVILLE, FL 32259

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: DONNA M. KING

ST

04/30/2008

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