2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# L03000042876

Entity Name: MAGNUS ENTERPRISES LLC

Current Principal Place of Business:

17189 ROYAL COVE WAY
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

17189 ROYAL COVE WAY
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 56-2415735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAPAPORT, JOYCE C
17189 ROYAL COVE WAY
BOCA RATON, FL 33496 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:	MGRM	( ) Delete
Name:	RAPAPORT, JOYCE C	
Address:	17189 ROYAL COVE WAY	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	M	( ) Delete
Name:	RAPAPORT, KEITH T	
Address:	17189 ROYAL COVE WAY	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	M	( ) Delete
Name:	RAPAPORT, STEPHEN A	
Address:	17189 ROYAL COVE WAY	
City-St-Zip:	BOCA RATON, FL 22496	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	M	(X) Change ( ) Addition
Name:	RAPAPORT, STEPHEN A	
Address:	17189 ROYAL COVE WAY	
City-St-Zip:	BOCA RATON, FL 33496	

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: STEPHEN RAPAPORT /S/ M 04/04/2007

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