

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90181 044 ****50.00

DOCUMENT # L04000022508

1. Entity Name
GREAT MAGNET LLC



Principal Place of Business
**721 POST LAKE PLACE, #215
APOPKA, FL 32703**

Mailing Address
**721 POST LAKE PLACE, #215
APOPKA, FL 32703**



2. Principal Place of Business

1701 Winter Green Blvd
Suite, Apt. #, etc.

3. Mailing Address

1701 Winter Green Blvd
Suite, Apt. #, etc.

City & State
Winter Park, FL

Zip
32792

City & State
Winter Park, FL

Zip
32792

03252006 Chg-LLC CR2E083 (11/05)

4. FEI Number
42-1621182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VINCENT, SHAWN
721 POST LAKE PLACE, #215
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name **Shawn Vincent**
Street Address (P.O. Box Number is Not Acceptable)
1701 Winter Green Blvd.
City **Winter Park** FL Zip Code **32792**

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

[Signature]

SHAWN VINCENT

3/27/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VINCENT, SHAWN
1701 WINTERGREEN BLVD
WINTER PARK, FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CALDARAZZO, ROBERT
11877 MINTWOOD CT.
ORLANDO, FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILSON, BRIEN
11836 MINTWOOD CT.
ORLANDO, FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RADIKE, TROY
6461 CONROY RD., #905
ORLANDO, FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM Brien Wilson, Austin street
Longwood, FL 32750 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM Troy Radike
11877 Mintwood ct.
Orlando, FL 32837 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 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: *[Signature]* **Robert Caldarazzo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-24-06

407-463-2650

Date

Daytime Phone #