

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022508

Entity Name: GREAT MAGNET LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

1372 BENNETT DR. UNIT 156
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1372 BENNETT DR. UNIT 156
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 42-1621182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, BRIEN
1372 BENNET DR. UNIT 156
LONGWOOD, FL 32750 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: WILSON, BRIEN
Address: 189 AUSTIN STREET
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: CALDARAZZO, ROBERT
Address: 11877 MINTWOOD CT.
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: RADIKE, TROY
Address: 11877 MINTWOOD COURT
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CALDARAZZO, ROBERT
Address: 532 COLONADES COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM (X) Change () Addition
Name: RADIKE, TROY
Address: 532 COLONADES COVE
City-St-Zip: CASSELBERRY, FL 32707

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: BRIEN WILSON

MGRM

01/29/2009

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