2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000047410

1. Entity Name
MAGIC VENTURES LLC

FILED Mar 07, 2007 08:00 AM Secretary of State

Principal Place of Business

8741 WENDY LANE SOUTH WEST PALM BEACH, FL 33411

Mailing Address

8741 WENDY LANE SOUTH WEST PALM BEACH, FL 33411



03042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1284024 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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MIAMI, FL 33143		IN THIS STAGE	IN THIS STAGE	
8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, an	nd accept	
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE		
F	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISNICKI, JEFFREY 8741 WENDY LANE SOUTH WEST PALM BEACH, FL 33411	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000658198		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	٠	
TITLE Name Street address				

11. I hereby certify that the information supplied with this filling 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: _

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OF PONTED MANE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/4/07

561-790-0444

Daytime Phone #