

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073858

FILED
Jan 08, 2008
Secretary of State

Entity Name: MAGELLAN GROUP INVESTMENTS LLC

Current Principal Place of Business:

701 PARK OF COMMERCE BLVD STE. 100
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

701 PARK OF COMMERCE BLVD STE. 100
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-1731894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUTTY, PETER A
701 PARK OF COMMERCE BLVD STE. 100
BOCA RATON, FL 33487 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: ZUTTY, PETER
Address: 701 PARK OF COMMERCE BLVD, STE 100
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: FESSLER, ROBERT W
Address: 701 PARK OF COMMERCE BLVD, STE 100
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: GROGAN, LARRY
Address: 701 PARK OF COMMERCE BLVD, STE 100
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

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

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

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

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: PETER ZUTTY

MGR

01/08/2008

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