

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074606

Entity Name: MAGIC HOUSING, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

870 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

870 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-1849198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BARRY L
11 N. SUMMERLIN AVE.
SUITE 100
ORLANDO, FL 32801 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: NICHOLSON, ANTHONY J
Address: 870 SUNSHINE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CFO () Delete
Name: CASLOW, SHARON
Address: 870 SUNSHINE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

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: SHARON CASLOW

CFO

04/27/2007

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