

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082741

Entity Name: MAGNUM, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

213 SOUTH BRADFORD AVENUE
SUITE B
TAMPA, FL 33609 US

New Principal Place of Business:

230 W. THOMAS STREET
TAMPA, FL 33604 US

Current Mailing Address:

213 SOUTH BRADFORD AVENUE
SUITE B
TAMPA, FL 33609 US

New Mailing Address:

230 W. THOMAS STREET
TAMPA, FL 33604 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARIS, JACK A
213 SOUTH BRADFORD AVENUE
SUITE B
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

PARIS, JACK A
203 W. THOMAS STREET
TAMPA, FL 33604 US

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: JACK ARTHUR PARIS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARIS, JACK A
Address: 213 SOUTH BRADFORD AVENUE, SUITE B
City-St-Zip: TAMPA, FL 33609 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MMGR (X) Change () Addition
Name: PARIS, JACK A
Address: 203 W. THOMAS STREET
City-St-Zip: TAMPA, FL 33604 US

Title: MGR () Change (X) Addition
Name: BEAN, CHARLES F III
Address: 203 W. THOMAS STREET
City-St-Zip: TAMPA, FL 33604 US

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: JACK ARTHUR PARIS

MMGR

04/30/2009

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