### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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#### DOCUMENT # L04000093377

1. Entity Name MAGNA-BON II, LLC



Principal Place of Business

2421 SOUTHWEST 127TH AVENUE DAVIE, FL 33325

Mailing Address

2421 SOUTHWEST 127TH AVENUE

DAVIE, FL 33325

## FILED May 23, 2008 8:00 am Secretary of State

05-23-2008 90293 001 \*\*\*\*88.75 05-23-2008 90293 002 \*\*\*\*50.00

30007485



04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2136021

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIELE, FRANK 2421 SOUTHWEST 127TH AVENUE DAVIE, FL 33325

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8.	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.	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and tide if applicable.

MANAGING MEMBERS /MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME	MGRM MIELE, FRANK	
STREET ADDRESS	2421 SOUTHWEST 127TH AVENUE	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the		

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

SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/04

8 63 35 70400

Daytime Phone #