

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-11-2006 90016 029 *****50.00

DOCUMENT # L05000052052 1. Entity Name MAGNUM ENTERPRISES, LLC					
Principal Place of Business 8715 CYPRESS RESERVE CIRCLE ORLANDO FL 32836-5402				Mailing Address 8715 CYPRESS RESERVE CIRCLE ORLANDO FL 32836-5402	
2. Principal Place of Business POSTPLUS EXTRA		3. Mailing Address 			
Suite, Apt. #, etc. 2151 CONSULATA DRIVE, STE 19		Suite, Apt. #, etc. 			
City & State ORLANDO FL.		City & State 		4. FEI Number 562517173	
Zip 32837-8808		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAYLOR, STANLEY C 8715 CYPRESS RESERVE CIRCLE ORLANDO FL 32836-5402	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAYLOR, BRADLEY J 8715 CYPRESS RESERVE CIRCLE ORLANDO FL 32836-5402	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>S. I. Sayler</u> MANAGING MEMBER 4/9/06 407-855-0009 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					