

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90181 038 \*\*\*\*50.00

**DOCUMENT # L05000058112**

1. Entity Name  
**MAGNUM SECURITIES, LLC**



Principal Place of Business  
**1739 SHELburne LN  
SARASOTA, FL 34231**

Mailing Address  
**1739 SHELburne LN  
SARASOTA, FL 34231**

**DO NOT WRITE IN THIS SPACE**



03022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-3883020**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JONES, DON L  
1739 SHELburne LN  
SARASOTA, FL 34231**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JONES, DON L
STREET ADDRESS	1739 SHELburne LN
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	MGRM
NAME	BORINSKY, MARK A
STREET ADDRESS	1739 SHELburne LN
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	MGRM
NAME	BORINSKY, KIMBERLY J
STREET ADDRESS	1739 SHELburne LN
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	MGRM
NAME	Jones, Elena M
STREET ADDRESS	1739 Shelburne Ln
CITY-ST-ZIP	Sarasota, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Don L. Jones 3-2-07, 941-876-6310**