L05000069813

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
•					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to Filling Officer.					





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08/14/06--01038--021 **50.00

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

Division of Corporations			
SUBJECT: Magnus Realty Gro	oup, LLC ne of Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filir	ıg.	
Please return all correspondence conce	erning this matter to the following:		
Desiree Sanchez, Esquire			
(Name of Person)			
Lynum & Sanchez, P.A. (Firm/Company)	<u> </u>		
(Firm/Company)		201	AIG.
35 West Pine Street; Suite 22	:1	06 A ₹	10151 12033 12033
(Address)		2006 AUG 14	PARTE PARTE
Orlando, Florida 32801		#	Y OF S
(City/State and Zip Code)		7: 39	TATE
For further information concerning this	s matter, please call:		,
Desiree Sanchez, Esquire	at (407) 236-0502		
(Name of Person)	(Area Code & Daytime Telephor	ie Ni	ımber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the foll	lowing amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

TO:

Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ugeni, or boin, in the siu	ie of Frontau.				
1. The name of the limit	ed liability company is:	Magnus Realty Group, LLC			
2. The mailing address of	of the limited liability con	npany is: 6220 SOUTH OR	ANGE BLOSSOM TRAJI		
Suite 602; Orlando, Flo					
July 15, 2005		L05000069813			
3. Date of filing/registration in Florida			4. Document number		
	ered agent and the registe	ered office address as shown of			
· · · · · · · · · · · · · · · · · · ·	Vincent M. Robins	son			
	- · ·	Name			
	4690 Zorita Street				
	A	ddress	2 0		
	Orlando, Florida 32		SEC		
	City, S	tate and Zip	2 8		
6. The name and address	of the new registered age	ent and/or office:	SECRETARYON OF COL		
	Lynum & Sanchez,	P.A.	RPGR ST		
		ame	1		
35 West Pine Street, Suite 221			. 39		
	Florida street address (P.O. Box NOT acceptable)	9 .,		
	Orlando	FL 32801			
	City, Sta	te and Zip			
confirmed that after the c and the business office of liability company, it is he	hange or changes are mad the registered agent will reby confirmed that the confirmed that the confirmed that the confirmed that the company of	nder the laws of the State of F de, the Florida street address of be identical. Or, in the case of hange(s) was/were authorized r as otherwise provided in the company.	of the registered office of a Florida limited I by an affirmative vote		
(Signature of a member or author	ized representative of a member)				
Desiree Sanchez					
(Printed or typed name of signee)			·		
	intment as registered age is of all statutes relative t d accept the obligations his document is being fil that the li mited liability	nt and agree to act in this cap o the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.		
(Signature of Registered Agent)					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00