

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069813

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: MAGNUS REALTY GROUP, LLC

**Current Principal Place of Business:**

6220 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 601  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6220 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 601  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 26-0121079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LYNUM & SANCHEZ, P.A.  
35 WEST PINE STREET  
SUITE 221  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

SANCHEZ LAW GROUP, P.A.  
35 WEST PINE STREET  
SUITE 221  
ORLANDO, FL 32801 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: DESIREE SANCHEZ ESQ.

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROBINSON, VINCENT M  
Address: 2701 SEA BREEZE CT  
City-St-Zip: ORLANDO, FL 32805

Title: MGR ( ) Delete  
Name: MINIER, MANUEL  
Address: 649 ADRIANE PARK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VINCENT M. ROBINSON

MRG

04/24/2009

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