

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90034 012 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L05000107129</b><br>1. Entity Name<br><b>P.L. MAGNUM &amp; COMPANY, LLC</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>720 FIFTH AVENUE SOUTH, SUITE 200<br/>NAPLES, FL 34102</b>   |  |  | Mailing Address<br><b>720 FIFTH AVENUE SOUTH, SUITE 200<br/>NAPLES, FL 34102</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |  |  | City & State   |   |  |
| Zip  |  | Country  |  | Zip   |  |
| Country  |  | Country  |  | 01052006 Chg-LLC CR2E083 (11/05)  |  |
| 4. FEI Number <b>20-3733493</b>  |  |  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |  | 6. Name and Address of Current Registered Agent<br><b>GOLDSMITH, STEVEN<br/>720 FIFTH AVENUE SOUTH, SUITE 200<br/>NAPLES, FL 34102</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code   |  |  |  | 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____   |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  | 9. MANAGING MEMBERS/MANAGERS  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM THE STEVEN GOLDSMITH GROUP, INC.<br>720 FIFTH AVENUE SOUTH, SUITE 200<br>NAPLES, FL 34102 <input type="checkbox"/> Delete |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  |   |  |
| 10. ADDITIONS/CHANGES  |  |  |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |   |  |
| 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. |  |  |  |   |  |
| <b>SIGNATURE:</b> <b>04-11-06 239-263-1077</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |  |  |   |  |

ATTACHMENT

30006596

L05000107129

**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

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**Federal Tax ID / EIN**

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This is your provisional Employer Identification Number:

**20-3733493**

Today's Date is: November 04, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.  
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

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ATTACHMENT 30006546  
45000107129  
STEVEN GOLDSMITH GROUP  
GLOBAL INVESTMENT BANKING

April 27, 2006

FLORIDA DEPARTMENT OF STATE  
Division Of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

RE: 2006 Annual Report for P.L. Magnum & Company, LLC

To Whom It May Concern:

Per your request, please find the revised Annual Report for P.L. Magnum & Company, LLC, with the addition of the Federal Employer Identification.

If you have any other questions or concerns, please do not hesitate to contact me directly.

Sincerely,



Thomas Carlin  
Office Manager