

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000110972

FILED
Oct 04, 2007
Secretary of State

Entity Name: MAGIC COMMERCIAL PROPERTIES, LLC

Current Principal Place of Business:

6943 RIVERSEDGE STREET CIRCLE
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

6943 RIVERSEDGE STREET CIRCLE
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 20-3800661 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EICKEN, JAMES
6943 RIVERSEDGE STREET CIRCLE
BRADENTON, FL 34202 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: JAMES EICKEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: EICKEN, JAMES
Address: 6943 RIVERSEDGE CIR
City-St-Zip: BRADENTON, FL 34202

Title: P () Delete
Name: EICKEN, SWAN
Address: 6943 RIVERSEDGE CIR
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: EICKEN, JAMES
Address: 6943 RIVERSEDGE STREET CIRCLE
City-St-Zip: BRADENTON, FL 34202

Title: VPST (X) Change () Addition
Name: EICKEN, SUSAN
Address: 6943 RIVERSEDGE STREET CIRCLE
City-St-Zip: BRADENTON, FL 34202

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: JAMES EICKEN

MGR

10/04/2007

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