2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Dan.

Secretary of State DOCUMENT # L06000035905 02-08-2007 90138 007 ****50.00 MAGILL REAL ESTATE, LLC Mailing Address Principal Place of Business .60013944 2330 ROSELAWN CIRCLE 2330 ROSELAWN CIRCLE SARASOTA, FL 34231 SARASOTA, FL 34231 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Blud 240 N Was Suite, Apt. #, etc. 01262007 CR2E083 (12/06) City & State Applied For 4. FEI Number 20-4719305 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENEDICT, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34223 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. MGR ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAGILL, DANIEL P NAME STREET ADDRESS STREET ADDRESS 2330 ROSELAWN CIRCLE SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 2

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