

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103684

FILED  
Aug 25, 2008  
Secretary of State

Entity Name: MAGNUM IV INVESTMENTS, LLC

**Current Principal Place of Business:**

2511 SW 18 AVENUE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2511 SW 18 AVENUE  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-5765846      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:**

CASEY, RICHARD L  
2511 SW 18 AVENUE  
CAPE CORAL, FL 33914      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CASEY, RICHARD L  
Address: 2511 SW 18 AVENUE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR      ( ) Delete  
Name: SMITHONIC, JOSEPH J  
Address: 2031 BROOKLAWN DRIVE  
City-St-Zip: N. FORT MYERS, FL 33917 US

**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: RICHARD L CASEY

MGR

08/25/2008

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