

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006960

Entity Name: OUT ISLAND MAGIC, LLC

**FILED**  
**May 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5417 N.W. 67TH STREET  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

5417 N.W. 67TH STREET  
GAINESVILLE, FL 32653

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MARK B. GOLDSTEIN, P.A.  
2700 NORTH MILITARY TRAIL, SUITE 130  
BOCA RATON, FL 33431 US

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

EDMUNDS, ROBERT C  
5417 N.W. 67 STREET  
GAINESVILLE, FL 32653 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: ROBERT C. EDMUNDS

05/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EDMUNDS, ROBERT C  
Address: 5417 N.W. 67TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM  
Name: EDMUNDS, DONNA M  
Address: 5417 N.W. 67TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

I hereby 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: ROBERT C. EDMUNDS

MEMB

05/05/2010

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