


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M02000000069 1. Entity Name MAGICDAY, LLC |  |
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|--|--|
| Principal Place of Business 222 GRAND AVE. ENGLEWOOD, NJ 07631 | Mailing Address 222 GRAND AVE. ENGLEWOOD, NJ 07631 |
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04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 01-0550890 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHMIDT, MICHAEL 222 GRAND AVE ENGLEWOOD, NJ 07631 |
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1000000532624
05/06/06-80092-006 50.00

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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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____