2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED May 11, 2007 08:00 AM Secretary of State

Daylime Phone #

ANNUAL REPURI				, se	cretary of State
DOCUMENT # M0200000069					-
1. Entity Nar	me				
MAGICD					
ļ. <u></u>			200		
•	ce of Business	Mailing Address	}		•
222 GRAND	AVE.	222 GRAND AVE.			
ENGLEMOO	D, NJ 07631	ENGLEWOOD, NJ 07631		•	
					II ABIN BEND BEND BEND BEND LINE I IN 1686
	1996 - 1996	· · · · · · · · · · · · · · · · · · ·	English She		
		建设设施			
·				05042007 No Chg-LLC	CR2E083 (11/05)
	OO NOT WRITE	IN THIS SPA	CE Note 1		
, 	The state of the s			4. FEI Number 01-0550890	Applied For
•	The same of the sa		in the second	01-0000000	Not Applicable
ř.				Certificate of Status Desired	S5.00 Additional Fee Required
<u>`</u>	6. Name and Address of Current Re	gistered Agent	Lagran Helen	TO THE WAY THE WAY THE	State the first to the first to the
		<u> </u>		CYPRITRE IN	
	PORATION SYSTEM		16 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DO NOT W	RITE
	JTH PINE ISLAND ROAD TON, FL 33324			しょこ (2) 出たで行う要称 うたぎぶつ しょうりょうそう	31C3C7
FLANIA	ION, FL 33324			IN THIS SP	ACE .
			層形線鏡		a was a second
					Santagette (1997) territorian per juli
8. The above	e named entity submits this statement for the	ne purpose of changing its register	ed office or registere	ed agent, or both, in the State of Flo	rida. 1 am familiar with, and accept
the obliga	tions of registered agent.				
SIGNATURE.					
	Signature, typed or printed name of registered agent and	tide if applicable. (NOTE: Registere	d Agent signature required v	when reinstating)	DATE
Pue i	ling Fee is \$50.00 by September 14, 2007				
9.	MANAGING MEMBERS	/MANAGERS	Region Series	The same of the second of the second of the second	The state State of the state of
TITLE	MGR				Harris Commence
NAME	SCHMIDT, MICHAEL		100		the state of the s
STREET AODRESS	222 GRAND AVE			34 /4 184 E00000	076359S
CITY-ST-ZIP	ENGLEWOOD, NJ 07631				-80016 022 50.00
TITLE					
NAME CTORET ADDOCCO	İ		1 m 1 m		A CONTRACTOR OF THE CONTRACTOR
STREET ADDRESS CITY-ST-ZIP	1		的数据。 第一	通点。 医松脂溶透的 万	
TITLE NAME	1				ALL TO THE REAL PROPERTY.
STREET ADDRESS		•	The state of the s	DO NOT W	
CITY-ST-ZIP			16.7% 生物	DO NOT W	RITE
TITLE					1196 - 1196 E. 1197 - 2013 - 2014 E. 1197 - 2014 E
NAME				IN THIS SP	AUE
STREET ADDRESS					
CITY-ST-ZIP				the first transfer of the state	
TITLE			STATE OF SERVICE		
NAME				in a second of the second	表得40%。我的信息。还当
STREET ADDRESS					And the Micheller of the Control of
CITY-ST-ZIP					
TITLE	•		■ 11. **********************************		4 (2007)
TITLE NAME					THE PROPERTY OF
NAME STREET ADDRESS	•				
NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with the on this report is true and accurate and the billity company or the receiver or trustee e	is filling does not qualify for the ex	emptions contained	in Chapter 119, Florida Statutes, I	further certify that the information