

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002359

Entity Name: MAGELLAN CONSTRUCTION, L.L.C.

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

980 NORTH MICHIGAN AVE., #1110
CHICAGO, IL 60611

New Principal Place of Business:

980 N. MICHIGAN AVE
SUITE 1110
CHICAGO, IL 60611

Current Mailing Address:

2203 COLEWOOD LANE
DOVER, FL 33527

New Mailing Address:

980 N. MICHIGAN AVENUE
SUITE 1110
CHICAGO, IL 60611

FEI Number: 32-0084984 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:

CLAIRMONT, ALAN M
2203 COLEWOOD LANE
DOVER, FL 33527 US

Name and Address of New Registered Agent:

NIERENBURG, GINNY V
3662 24TH AVENUE NORTH
ST. PETERSBURG, FL 33713 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: GINNY V. NIERENBURG

05/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARLING, JULES H
Address: 980 NORTH MICHIGAN AVE., #1110
City-St-Zip: CHICAGO, IL 60611

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARLING, JULES H JR.
Address: 980 NORTH MICHIGAN AVE STE #1110
City-St-Zip: CHICAGO, IL 60611

I hereby certify that the information supplied with this filing does not qualify for the 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: JULES H. MARLING, JR.

MGRM

05/05/2006

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