

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000001595 1. Entity Name FLORIDA MAGIC VACATION HOMES, LLC	
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Principal Place of Business 7796W.IRLOBRONSONHWY KISSIMMEE,FL34747	Mailing Address 7796W.IRLOBRONSONHWY KISSIMMEE,FL34747
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DO NOT WRITE IN THIS SPACE



01112007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0414771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ELKOUSSA, HAYSSAM 7796 W.IRLO BRONSON HWY KISSIMMEE, FL 34747
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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

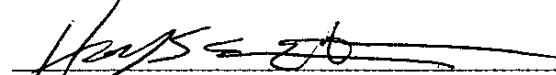
**Filing Fee is \$50.00
Due by May 1, 2007**

U00000587377
01/17/07-80031-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANDOLPH PARTNERS, L.P. 308 W RANDOLPH STREET, SUITE 400 CHICAGO, IL 60606
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IN THIS SPACE**

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 # _____