


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

01-25-2007 90089 044 ****50.00

DOCUMENT # M05000005126	
1. Entity Name MAGICA HOLDINGS LLC	

Principal Place of Business THOMPSON BOULEVARD PO BOX N-1576 NASSAU BAHAMAS,	Mailing Address THOMPSON BOULEVARD PO BOX N-1576 NASSAU BAHAMAS,
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30002081



2. Principal Place of Business - No P.O. Box # THOMPSON BOULEVARD	3. Mailing Address THOMPSON BOULEVARD
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Suite, Apt. #, etc. P.O. BOX N-1576	Suite, Apt. #, etc. P.O. BOX N-1576
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City & State NASSAU	City & State NASSAU
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Zip BAHAMAS	Country BAHAMAS	Zip BAHAMAS	Country BAHAMAS
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03082007	Chg-LLC	CR2E083 (12/06)
4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACIGAME LTD. THOMPSON BOULEVARD POST BOX N-1576 NASSAU BAHAMAS, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **MARCH 8, 2007** 1 242 302 8704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #