I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 03/09/2016

MANAGER

SIGNATURE: CAROL HOUSEN

Current Mailing Address:

Current Principal Place of Business:

Entity Name: MAGIC CITY REALTORS, LLC

90 ALMERIA AVENUE CORAL GABLES. FL 33134 US

DOCUMENT# L13000141685

90 ALMERIA AVENUE CORAL GABLES, FL 33134

FEI Number: 46-3869458

Name and Address of Current Registered Agent:

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

SHERMAN, THOMAS G ESQ. 90 ALMERIA AVE. CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	BASSETT, BRENDA	Name	HOUSEN , CAROL A
Address	7355 SW 89 STREET, UNIT # 405	Address	7330 OCEAN TER
City-State-Zip:	MIAMI, FL 33156		#2001
		City-State-Zip:	MIAMI BEACH FL 33141

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date