

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018909

FILED
Apr 07, 2006
Secretary of State

Entity Name: MAGNOLIA PINES, LLC

Current Principal Place of Business:

2910 KERRY FOREST PKWY
D4-227
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

2910 KERRY FOREST PKWY
D4-227
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 34-1984603 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOORE, WILLIAM B III
516 S RIDE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOORE, WILLIAM B III
Address: 516 S RIDE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM () Delete
Name: WEEDEN, SHARON E
Address: 3049 OBRIEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM B MOORE III MGRM 04/07/2006

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