

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018909

Entity Name: MAGNOLIA PINES, LLC

FILED  
Apr 21, 2009  
Secretary of State

**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:**

MOORE, WILLIAM B III  
2910 KERRY FOREST PARKWAY, D4-227  
TALLAHASSEE, FL 32309 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: \_\_\_\_\_ 04/21/2009  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOORE, WILLIAM B III  
Address: 2910 KERRY FOREST PARKWAY, D4-227  
City-St-Zip: TALLAHASSEE, FL 32309 US

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Delete  
Name: WEEDEN, SHARON E  
Address: 2910 KERRY FOREST PARKWAY, D4-227  
City-St-Zip: TALLAHASSEE, FL 32309 US

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

I hereby certify that the information supplied with this filing does not qualify 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      04/21/2009  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date