


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000078098

1. Entity Name
MAGNOLIA GROUP, LLC



Principal Place of Business Mailing Address

18600 SW 7TH ST **PO BOX 824011**
PEMBROKE PINES, FL 33029 **PEMBROKE PINES, FL 33082**

DO NOT WRITE IN THIS SPACE



04272006 No Chg-LLC CRZE083 (11/05)

4. FEI Number Applied For
35-2243081 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALACIOS, ALFREDO H
18600 SW 7 ST.
PEMBROKE PINES, FL 33029

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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, 2006

U00000548906
 05/12/06-80083-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PALACIOS, ALFREDO H
STREET ADDRESS	18600 SW 7 ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	MGR
NAME	PADRON-PALACIOS, ANA M
STREET ADDRESS	18600 SW 7 ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* **2006 APRIL 27** **954 4303838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #