


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10:33

DOCUMENT # L05000038056					
1. Entity Name MAGNOLIA POINT PROPERTY INVESTORS, LLC					
Principal Place of Business 3686 CHERRY HILLS GREEN COVE SPRINGS, FL 32043			Mailing Address 3686 CHERRY HILLS GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 08012008 Chg-LLC CR2E083 (11/05)	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEAGO, TONY 3686 CHERRY HILLS GREEN COVE SPRINGS, FL 32043			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MEMBER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Gary Burnell		NAME		
STREET ADDRESS	1785 Shoal Creek		STREET ADDRESS		
CITY-ST-ZIP	Green Cove Springs, FL 32043		CITY-ST-ZIP		
TITLE	MEMBER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS McCANN		NAME		
STREET ADDRESS	3734 CONSTANCIA		STREET ADDRESS		
CITY-ST-ZIP	Green Cove Springs, FL 32043		CITY-ST-ZIP		
TITLE	Member <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Michael Taylor		NAME		
STREET ADDRESS	1663 Rabbit Beach Blvd		STREET ADDRESS		
CITY-ST-ZIP	Green Cove Springs, FL 32043		CITY-ST-ZIP		
TITLE	Member <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Errol Theus		NAME		
STREET ADDRESS	1953 Medinah Lane		STREET ADDRESS		
CITY-ST-ZIP	Green Cove Springs, FL 32043		CITY-ST-ZIP		
TITLE	Member <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Joe Thigpen Jr.		NAME		
STREET ADDRESS	1362 Westworth Ave		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32259		CITY-ST-ZIP		
TITLE	Member <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Joe Wyz Koski		NAME		
STREET ADDRESS	3685 LA Costa		STREET ADDRESS		
CITY-ST-ZIP	Green Cove Springs, FL 32043		CITY-ST-ZIP		
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: <i>Tom M. Seize</i>			Date: 9/2/06		Daytime Phone #: 904 631 1931
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					