

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000071633 1. Entity Name 13860 MAGNOLIA LLC	
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Principal Place of Business 13771 CEDAR BLUFF COURT DAVIE, FL 33325	Mailing Address 13771 CEDAR BLUFF COURT DAVIE, FL 33325
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01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3198277

Applied For  
Not Applied

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SINGER, BERNARD A ESQ.  
13771 CEDAR BLUFF COURT  
DAVIE, FL 33325

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000781931  
01/15/08-80054-014 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAULK, TAMI 13771 CEDAR BLUFF COURT DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUSE, TONI 13771 CEDAR BLUFF COURT DAVIE, FL 33325
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**DO NOT WRITE  
IN THIS SPACE**

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

*Toni Kruse 1/10/08*