2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # F02000000402						France   1 Common   1				
1. Entity Name MAGNOLIA-LTC, INC.						03	03 FEB 13 PM 3: 48			
Principal Place of Business 300 ESPLANADE DRIVE, #1860 OXNARD, CA 93030		Mailing Address 300 ESPLANADE DRIVE, #1860 OXNARD, CA 93030		M	î.	TALLAMASSE, FLORIDA				
2. Principal Place of Business 440 Phippen-Waiters Rd Suite, Apt. #, etc.		3. Mailing Address 440 Phippen-Waiters Rd Sulte, Apt. #, etc.			YY GUSOK ASS					
Chyashate Dania Beach, Florida		City & State Dania Beach, Florida			4. FEI Number Applied For Not Applied by					
Zip 33004	Country USA  6. Name and Address of Current F	Zip 33004	Count	<del></del>		cate of Status Desired		\$8.75 Ad Fee Require	ditional	
the obligat	e named entity subprits his statement for the sof recipered argent.  Syndium Ayou or primed name of engine and agant as primed name of engine and agant	M . C	s registere . Cro:	City Dania B d office or registe ss, Presi	dent	2	Florida. I a	3 • _ \$5.0	and accept  O May Be	
10. TITLE NAME	OFFICERS AND D PCD DIMITRIADIS, ANDRE C 300 ESPLANADE DRIVE, #1860 OXNARD, CA 93030		н	TADDRÉSS 44	ST Cross O Phip	ns/CHANGES TOO s ppen-Waite each, FL 3	ers R	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO SIMPSON, WENDY 300 ESPLANADE DRIVE, #1860 OXNARD, CA 93030	XI Delete	TITLE	1 ADDRESS	in the	500013 27/030107	170	□ Change 1355 **150.	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-2IP	VD ISHIKAWA, CHRISTOPHER T 300 ESPLANADE DRIVE, #1860 OXNARD, CA 93030	<b>☆</b> Delete	TITLE NAME STREET CITY-S	I ADDRESS ST -21P			-	☐ Change	Addition	
TITLE Namé Street address City-St-Zip	VS KOPTA, JULIA 300 ESPLANADE DRIVE, ≇1860 OXNARD, CA 93030	Æ Delete	TITLÉ NAME STREET CITY-S	I ADDRESS :				☐ Change	Addition	
NAME STREET ADDRESS	VT CHAVEZ, ALEX 300 ESPLANADE DRIVE, ≇1860 OXNARD, CA 93030	<b>★</b> Delete	TITLE NAME STREET CITY-S	T ADDRESS 31 - 21P				∏ Change	☐ Addition	
CITY-ST-ZIP	- · · · · · - <b>,</b> - · · ·		H							

12. I hereby certify that the information supplies with this filling does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes. I further certify that the information indicated on this report or supplemental coord is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZP

KORBIN, STEVEN M STREET ADDRESS 300 ESPLANADE DRIVE, #1860

OXNARD, CA 93030

BIGGETUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K.C. Cross, President

2/11/03 305-556-3500 Data Dayting Phone #

CR2E034 (10/02)