FILED
Sep 26, 2003 8:00 am
Secretary of State
09-26-2003 90005 012 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000967

1. Entity Name
MAGNOLIA BEND COURT LLC.

90158976

[redacted]

Principal Place of Business
715 EAST FOREST HILLS DRIVE
PHOENIX AZ 85022

Mailing Address
715 EAST FOREST HILLS DRIVE
PHOENIX AZ 85022

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 91-2015385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
INGERSOLL, MARK
1324 SADDLE RIDGE DRIVE
ORLANDO FL 32835

7. Name and Address of New Registered Agent
Name PATRICK GRIFFIN
Street Address (P.O. Box Number is Not Acceptable) 8290 SWEETWATER TR
City KISSIMMEE FL Zip Code 34747

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] 9/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

$0.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAWS INVESTMENTS LIMITED PARTNERSHIP 715 E FOREST HILL DRIVE PHOENIX AZ 85022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 9/23/03 6023759246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #