

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001333

Entity Name: MAGNOLIA APARTMENTS, LLC

FILED  
Jan 25, 2005  
Secretary of State

**Current Principal Place of Business:**

1208 HAYS ST.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1208 HAYS ST.  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 59-3625778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOVETT, JOHN C ESQ.  
106 EAST COLLEGE AVENUE, SUITE 1200  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SPEARS, DONALD M  
Address: P.O. BOX 622  
City-St-Zip: MALVERN, AK 72104

Title: MGRM ( ) Delete  
Name: BOOTH, HURLEY H JR.  
Address: 4697 NORTH MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: DAWSON, JOHN S JR.  
Address: P.O. BOX 752  
City-St-Zip: CAMDEN, AK 71701

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HURLEY BOOTH, JR

MGRM

01/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date