

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90602 001 ***200.00

DOCUMENT # L00000001333

1. Entity Name
MAGNOLIA APARTMENTS, LLC



Principal Place of Business
**631 CHANCEY LN.
TALLAHASSEE FL 32308**

Mailing Address
**P.O. BOX 4263
TALLAHASSEE FL 32315**

2. Principal Place of Business

1208 HAYS ST
Suite, Apt. #, etc.

3. Mailing Address

1208 HAYS ST
Suite, Apt. #, etc.

City & State
TALLAHASSEE, FLA

Zip
32301 Country

City & State
TALLAHASSEE, FLA

Zip
32301 Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3625778**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SPEARS, DONALD M**
STREET ADDRESS **P.O. BOX 622**
CITY-ST-ZIP **MALVERN AK 72104**

TITLE **MGRM** ☐ Delete
NAME **BOOTH, HURLEY H JR.**
STREET ADDRESS **4697 NORTH MONROE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **MGRM** ☐ Delete
NAME **DAWSON, JOHN S JR.**
STREET ADDRESS **P.O. BOX 752**
CITY-ST-ZIP **CAMDEN AK 71701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)