

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000001692

1. Entity Name
MAGNOLIA PLANTATION PARTNERS, LC



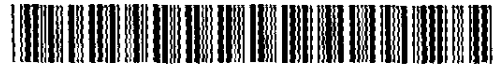
Principal Place of Business

**1053 MAITLAND CTR COMMONS DR STE 200
MAITLAND, FL 32751**

Mailing Address

**1053 MAITLAND CTR COMMONS DR STE 200
MAITLAND, FL 32751**

DO NOT WRITE IN THIS SPACE



04112008No Chg-LLC

CR2E083 (11/05)

4. FEI Number
57-1130427

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, BERRY J JR ESQ
WALKER AND ASSOCIATES, P.A.
1053 MAITLAND CTR COMMONS DR STE 200
MAITLAND, FL 32751**

**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

BERRY WALKER

(NOTE: Registered Agent signature required when reinstating)

4/28/2006

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**00000559640
05/18/06-80009-001 400.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WALKER, BERRY J JR.
1053 MAITLAND CTR COMMONS DR STE 200
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

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

BERRY WALKER

4/28/2006

907-478-181

Daytime Phone #