

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92177 050 ****50.00

DOCUMENT # L01000001692

1. Entity Name

MAGNOLIA PLANTATION PARTNERS, LC



Principal Place of Business

Mailing Address

~~235 SOUTH MAITLAND AVE., STE. 216~~
~~MAITLAND FL 32751~~

~~235 SOUTH MAITLAND AVE., STE. 216~~
~~MAITLAND FL 32751~~

2. Principal Place of Business

3. Mailing Address

1053 Maitland Center Commons Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Maitland FL

MAITLAND

Zip
32751

Country
USA

Zip

Country

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

7. Name and Address of New Registered Agent

WALKER, BERRY J JR ESQ
WALKER AND ASSOCIATES, P.A.
~~235 MAITLAND AVENUE SOUTH, STE 216~~
~~MAITLAND FL 32751~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1053 Maitland Center Commons Blvd.

Suite 200

City

Maitland

FL

Zip Code

32751

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WALKER, BERRY J JR.
~~235 SOUTH MAITLAND AVE., STE. 216~~
~~MAITLAND FL 32751~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1053 Maitland Center Commons Blvd.
Ste. 200 Maitland FL 32751

☒ Change ☐ Addition

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☐ Change ☐ Addition

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]
SIGNATURE REQUIRED

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

4/29/03 407-478-1866

Date

Daytime Phone #

CR2E083 (10/02)