

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003785

Entity Name: MAGNOLIA PARK, LLC

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

818 NORTH A1A, SUITE 300
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

818 NORTH A1A
300
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

818 NORTH A1A, SUITE 300
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

818 NORTH A1A
300
PONTE VEDRA BEACH, FL 32082

FEI Number: 59-3705045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
C/O MCGUIRE WOODS BATTLE & BOOTHE, LLP
50 NORTH LAURA STREET, 3300 BARNETT CENTER
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

HORNE, KAROL D MGR
818 A1A NORTH
300
PONTE VEDRA BEACH, FL 32082 US

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: KAROL D HORNE

04/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HORNE, DONIS P
Address: 818 A1A NORTH, SUITE 300
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: HORNE, ELLIOTT S
Address: 818 A1A NORTH, SUITE 300
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, 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: DONIS P HORNE

MGRM

04/03/2008

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