

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90011 037 ***150.00

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1. Entity Name
MAGNOLIA VALLEY, L.L.C.



Principal Place of Business
**1472 JORDON HILLS COURT
CLEARWATER, FL 33756**

Mailing Address
**1472 JORDON HILLS COURT
CLEARWATER, FL 33756**

20045364



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
59-2178205

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BRUNSON, JOHN MORGAN
1474 JORDON HILLS COURT
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name **Peter M. Lenhardt**

Street Address (P.O. Box Number is Not Acceptable)
1472 Jordan Hills Ct.

City **Clearwater**

FL

Zip Code **33756**

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 **Peter M. Lenhardt** **Peter M. Lenhardt**

DATE **4/26/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MAGNOLIA VALLEY DEVELOPMENT CORP.**
STREET ADDRESS **1472 JORDAN HILLS COURT**
CITY-ST-ZIP **CLEARWATER, FL 33756**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Peter M. Lenhardt** **Peter M. Lenhardt** **4/26/06**

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

Date

Daytime Phone #