

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90162 026 ****50.00

DOCUMENT # L01000007907**1. Entity Name**
MAGNOLIA RIDGE, LLC**Principal Place of Business**
415 SAWYER STREET
ST. GEORGE ISLAND FL 32328**Mailing Address**
415 SAWYER STREET
ST. GEORGE ISLAND FL 32328**B0049274**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**59-3733044**

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****7. Name and Address of New Registered Agent****SHIRLEY, SCOT ESQ.**
C/O ARD, SHIRLEY & HARTMAN, P.A.
820 EAST PARK AVE., SUITE F-200
TALLAHASSEE FL 32301

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.**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 Department of State
Due By May 1, 2002**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Manager	East Bay Development of Franklin County, Inc	415 Sawyer Street	St. George, FL 32328	<input type="checkbox"/>
Member	Brandt Rudzinski	415 Sawyer Street	St. George Island, FL 32328	<input type="checkbox"/>
Member	Jamie D. Crum	415 Sawyer Street	St. George Island, FL 32328	<input type="checkbox"/>
Member	Jeanne Bonds	415 Sawyer Street	St. George Island, FL 32328	<input type="checkbox"/>
Member	Aaron Wray	415 Sawyer Street	St. George Island, FL 32328	<input type="checkbox"/>
Member	Winfred L. Cox	415 Sawyer Street	St. George Island, FL 32328	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

3-14-02

Date

577-6500

Daytime Phone #

CR2E083 (9/01)