


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007907 1. Entity Name MAGNOLIA RIDGE, LLC	
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Principal Place of Business 83-B HIGHWAY 98 EASTPOINT, FL 32328	Mailing Address P.O. BOX 705 EASTPOINT, FL 32328
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01312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3733044

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHIRLEY, SCOT ESQ. C/O ARD, SHIRLEY & HARTMAN, P.A. 820 EAST PARK AVE., SUITE F-200 TALLAHASSEE, FL 32301
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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. (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COASTAL CLEARINGS DEVELOPMENT CO, INC. 83-B HIGHWAY 98 EASTPOINT, FL 32328
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02/11/05-80049-023 50.00

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IN THIS SPACE**

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:  **Brandon J. Rudzinski** 2/9/05 850-932-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #