

# 2002 UNIFORM BUSINESS REPORT (UBR)

000148

4/5/20

**DOCUMENT # L01000013256**

1. Entity Name  
**MAGNOLIA POINT VENTURE, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAY -2 PM 3:15

Principal Place of Business      Mailing Address

9440 PHILIPS HIGHWAY      9440 PHILIPS HIGHWAY  
#9      #9  
JACKSONVILLE FL 32256      JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

13400 Sutton Pk Dr S      13400 Sutton Pk Dr S  
S# 1402      S# 1402

City & State      City & State

Jacksonville, FL      Jacksonville, FL

Zip      Country      Zip      Country

32224      USA      32224      USA

4. FEI Number      Applied For

59-3236344      Not Applicable

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

    

6. Name and Address of Current Registered Agent

MONTGOMERY, MITCHELL R  
9440 PHILIPS HIGHWAY  
#9  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
13400 Sutton Pk Dr S  
#1402

City      State      Zip Code

Jacksonville      FL      32224

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY LAND COMPANY 9440 PHILLIPS HIGHWAY, #9 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MHK OF VOLUSIA COUNTY, INC. 2359 BEVILLE ROAD DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13400 Sutton Pk Dr S #1402 Jacksonville, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

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-05/02/02--01868  
\*\*\*213.75      \*\*\*\*\*55.00

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]      7-22-02      (904) 821-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)