## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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and the state of t

**DOCUMENT # L01000013256** 

1. Entity Name MAGNOLIA POINT VENTURE, LLC



FILED Apr 14, 2004 8:00 am Secretary of State

04-14-2004 90286 004 \*\*\*\*50.00

Principal Place of Business

13400 SUTTON PK DR S #1402 JACKSONVILLE, FL 32224

Mailing Address

13400 SUTTON PK DR S #1402 JACKSONVILLE, FL 32224

24042805 

03052004 No Chg-LLC,

CR2E083 (10/03)

DATE

4. FEI Number 59-3736344

Applied Fo Not Applic

5. Certificate of Status Desired,

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

MONTGOMERY, MITCHELL R 13400 SUTTON PK DR S #1402 JACKSONVILLE, FL 32224

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				1 1 1 97 m 1 1 7 Y	A CONTRACTOR OF THE PROPERTY O
8.	3. The above named entity submits this statement for the purpose of changing its registered of	office or registere	ed agent, or both	, in the State of Flo	rida. I am familiar with, and act
	the obligations of registered agent.				

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

SIGNATURE

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY LAND COMPANY 13400 SUTTON PK DR S #1402 JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MHK OF VOLUSIA COUNTY, INC. 2359 BEVILLE ROAD DAYTONA'BEACH, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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 informational 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.

904-821-7171