

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90101 032 ****50.00

DOCUMENT # L01000013256 1. Entity Name MAGNOLIA POINT VENTURE, LLC	
--	---

Principal Place of Business 13400 SUTTON PK DR S #1402 JACKSONVILLE, FL 32224	Mailing Address 13400 SUTTON PK DR S #1402 JACKSONVILLE, FL 32224
---	---

DO NOT WRITE IN THIS SPACE



02122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3736344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  2/14/07 9048217121

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