

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90042 018 ****55.00

DOCUMENT # L01000018416

1. Entity Name

MAGNOLIA GARDENS DEVELOPMENT COMPANY, LLC

Principal Place of Business

**106 EAST COLLEGE AVE., STE. 900
TALLAHASSEE FL 32301**

Mailing Address

**106 EAST COLLEGE AVE., STE. 900
TALLAHASSEE FL 32301**

2. Principal Place of Business

300 E. Park Avenue

Suite, Apt. #, etc.

3. Mailing Address

300 E. Park Ave

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

City & State

Tallahassee, FL

Zip

32301

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**F&L CORP.
200 LAURA ST.
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **Sonya Daws, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
3116 Capital Circle N.E.

Suite 5

City **Tallahassee**

FL

Zip Code
32308

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.

Sonya Daws

(NOTE: Registered Agent signature required when reinstating)

2-11-02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BATEMAN, FREDERICK L JR.**
STREET ADDRESS **106 EAST COLLEGE AVE., STE. 900**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition
NAME
STREET ADDRESS **300 E. Park Avenue**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

2-6-02

850-222-1020

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

Date

Daytime Phone #

CR2E083 (9/01)