9/25/2002-90117-038-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022165

1. Entity Name
MAGNOLIA LAKES, LLC

FILED
02 OCT 29 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
920 W. ORANGE ST. LAKE CITY FL 32055	920 W. ORANGE ST. LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
RT 18 BOX 599	P.O. BOX 2648
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LAKE CITY, FL	LAKE CITY, FL
City & State	City & State
Zip 32025 Country USA	Zip 32056-2648 Country USA

4. FEI Number 04-3611049 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLGEYER, EDWARD J 920 W. ORANGE ST. LAKE CITY FL 32055	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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 _____ 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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ALLGEYER (MANAGER/MEMBER) RT. 5 BOX 5746 LAKE BUTLER, FL 32054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALTER R. DOUGLAS ☐ Delete RT. 18 BOX 599 LAKE CITY, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHEN M. DOUGLAS ☐ Delete RT. 18 BOX 599 LAKE CITY, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H. MARSHALL DOUGLAS ☐ Delete RT. 18 BOX 599 LAKE CITY, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANA G. DOUGLAS ☐ Delete RT. 18 BOX 599 LAKE CITY, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/02)

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 9-16-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

H. Marshall Douglas

Oct. 24, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed is the revised 2002 Uniform Business Report for MAGNOLIA LAKES,LLC.

Please let me know if you have any other requirements.

Many thanks!

Sincerely,

H. Marshall Douglas

P.O. Box 2648 • Lake City, Florida 32056-2648 • (386) 961-8133 • Fax (386) 961-8018