

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000006607

FILED
Jun 08, 2007
Secretary of State

Entity Name: MAGNOLIA HOUSE OF SAFETY HARBOR, L.L.C.

Current Principal Place of Business:

665 5TH AVE. N
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 365
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 65-1206646 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BEHM, VICTORIA P ESQ
405 SECOND ST. SOUTH, STE. C
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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: VICTORIA P. BEHM, ESQ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRESH, JAMES
Address: 2185 BOW LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM () Delete
Name: TRESH, JENNIFER C
Address: 2185 BOW LANE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRESH, JAMES
Address: 655 5TH AVENUE, N
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM (X) Change () Addition
Name: TRESH, JENNIFER C
Address: 655 5TH AVENUE, N
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES TRESH

MGR

06/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date