2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000017104

1. Entity Name

M	agnolia	KEY	DEVELO	PMENT.	L.L.C.
---	---------	-----	--------	--------	--------



FILED
May 14, 2003 8:00 am
Secretary of State
05-14-2003 90026 038 ****50.00

ļ				GOO WE TRE					
Principal Plac	e of Business	Mailing Address	· <u></u> -		7				
242 FIFTH AVE	<u>.</u>	242 FIFTH AVE.	•						
INDIALANTIC F		INDIALANTIC FL 32903			1				
 					11801	1811 BIR BBIRB 11811 BBIR 88111	L ant 1911 : 118	 	AUG SIAL ISAL
2 Principal P	flace of Business	3. Mailing Address							
Z. Tillicipal i	lace of Dusiness	J. Maining Address				 	BOLL BURN III		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES			
· · · · · · · · · · · · · · · · · · ·	<u>-</u> .								
City & State	e	City & State	City & State		4. FEI Num	nber			oplied For
			<u> </u>		<u> </u>				ot Applicable
Zip	Country	Zip	Zip Country		5. Certifica	ate of Status Desired		55.00 Addee Require	
 -	6. Name and Address of Curren	t Registered Agent	l <u>-</u>		7. Name a	nd Address of New Re			
	The state of the s			Name			3		
	CHRAN, ROBERT L JR			S) A I I	/DO D. N	-1 . '- Al . A			
	FIFTH AVE.		ļ	Street Address	(P.O. Box Num	nber is Not Acceptable))		1
INDL	ALANTIC FL 32903								
	** *		ļ	0				T == -	
				City			FL	Zip Cod	e
	named entity submits this statement f	or the purpose of changing its	registere	d office or registe	red agent, or b	ooth, in the State of Flor	ida. I am fa	miliar with,	and accept
the obligati	ions of registered agent.								
SIGNATURE .	· · · · · · · · · · · · · · · · · · ·								
	Signature, typed or printed name of registered agen	it and title if applicable. (NOT	E: Registered	Agent signature require	d when reinstating)		DATE		
				EE IS \$50.00					
•		Make Check Payab			ent of State				}
		Du	е Ву Ма	ıy 1, 2003					
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE					Change	☐ Addition
NAME CTREET ADODESS	COCHRAN, ROBERT L JR		NAME	J					}
STREET ADDRESS CITY-ST-ZIP	242 FIFTH AVE. INDIALANTIC FL 32903			ET ADDRESS ST-ZIP					
	INDIALANTIC FL 32903	Delete	TITLE			· · ·		☐ Change	- Addition
TITLE NAME		L_1 Delete	NAME	,					☐ Addition
STREET ADDRESS			B .	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					ĺ
TITLE		Delete	TITLE					☐ Change	☐ Addition
_NAME			NAME			an art 😓		-	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE					Change	☐ Addition (
NAME STREET ADDRESS			NAME						
STREET ADDRESS \				ET ADDRESS ST-ZIP					{
TITLE		□ Delete	-					□1 Change	Addition
NAME		□1 ∩6ists	TITLE NAME	ľ				Change	Addition {
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE		·		_	Change	Addition
NAME			NAME	ſ					
STREET ADDRESS			•	T ADDRESS					
CITY-ST-ZIP		ST-ZIP				·			
11. I hereby o	ertify that the information supplied wit	h this filing does not qualify for	the exen	notion stated in Se	ection 119.07(3)(i) Florida Statutes I	further certi	v that the ir	ntormation

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.

FRAURE SIGNATURE.

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