



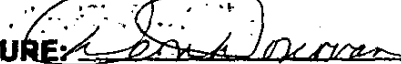
FILED  
Apr 12, 2005 8:00 am  
Secretary of State

04-12-2005 90022 033 \*\*\*\*50.00

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01112005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L02000018492</b>			
1. Entity Name <b>MAGNOLIA COTTAGE L.L.C.</b>			
Principal Place of Business <b>1402 HIGHLAND AVE MELBOURNE, FL 32935</b>		Mailing Address <b>1402 HIGHLAND AVE MELBOURNE, FL 32935</b>	
2. Principal Place of Business <b>701 E. NEW HAVEN AVE</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MELBOURNE FL</b>		City & State	
Zip <b>32901</b>	Country <b>FLORIDA</b>	Zip	Country
4. FEI Number <b>06-1640222</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DONOVAN, DEON P. 1402 HIGHLAND AVE MELBOURNE, FL 32935</b>		7. Name and Address of New Registered Agent Name <b>DEON P. DONOVAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 E. NEW HAVEN AVE</b> City <b>MELBOURNE</b> FL Zip Code <b>32901</b>	
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  <b>DEON DONOVAN</b> DATE <b>4-4-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DONOVAN, DEON P 1402 HIGHLAND AVE. MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. DEON DONOVAN 701 E. NEW HAVEN AVE MELBOURNE FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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  <b>DEON DONOVAN</b> DATE <b>4-4-05</b> 321-222-2242 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			