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Secretary of State
06-30-2003 90001 010 ****50.00

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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000072613

1. Entity Name

MAGNOLIA PROPERTIES OF JACKSONVILLE, LLC

55052415

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1670 ATLANTIC BLVD		1670 ATLANTIC BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE, FL		City & State: JACKSONVILLE, FL	
Zip: 32207	Country: Duval	Zip: 32207	Country: Duval

4. FEI Number 41-2061621 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Eileen G. Blocker

Street Address (P.O. Box Number is Not Acceptable): 1670 Atlantic Blvd

City: Jacksonville FL Zip Code: 32207

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 acc[ept] the obligations of registered agent.

SIGNATURE: Eileen G. Blocker — DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Owner/broker MGRM	TITLE	
NAME	Eileen G. Blocker	NAME	
STREET ADDRESS	1670 Atlantic Blvd	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 informati[on] 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: Eileen Blocker — 4/28/03 — (904) 348-5665

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