

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000022975**

1. Entity Name  
**MAGNOLIA ANTIQUE MALL, L.L.C.**



Principal Place of Business  
**2211 27TH AVENUE BOULEVARD WEST  
PALMETTO, FL 34221**

Mailing Address  
**2211 27TH AVENUE BOULEVARD WEST  
PALMETTO, FL 34221**



01162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2380670**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEE, CAROLE S  
2211 27TH AVENUE BOULEVARD WEST  
PALMETTO, FL 34221**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000057246  
02/19/04-80053-022 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
LEE, CAROLE S  
2211 27TH AVENUE BOULEVARD WEST  
PALMETTO, FL 34221**

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

x 2/12/04

Date

Daytime Phone #