

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92176 003 \*\*\*\*50.00

**DOCUMENT # L02000025267**

1. Entity Name

**MAGNOLIA CLUB PARTNERS, LLC**



Principal Place of Business

Mailing Address

~~235 SOUTH MAITLAND AVENUE STE 216~~  
~~MAITLAND FL 32751~~

~~235 SOUTH MAITLAND AVENUE STE 216~~  
~~MAITLAND FL 32751~~

**55054050**

2. Principal Place of Business

3. Mailing Address

**1053 Maitland Center Commons Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200**

City & State

City & State

**Maitland FL**

**← Same**

4. FEI Number

Applied For

**20-0056376**

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, BERRY J JR.**

~~235 SOUTH MAITLAND AVENUE STE 216~~  
~~MAITLAND FL 32751~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**1053 Maitland Center Commons Blvd.**

**Suite 200**

City

**Maitland**

**FL**

Zip Code

**32751**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **WALKER, BERRY J JR**  
STREET ADDRESS ~~235 SOUTH MAITLAND AVENUE STE 216~~  
CITY-ST-ZIP ~~MAITLAND FL 32751~~

☒ Change ☐ Addition  
TITLE **1053 Maitland Center Commons Blvd.**  
NAME **Suite 200**  
STREET ADDRESS **Maitland, FL 32751**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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CITY-ST-ZIP

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 REQUIRED**

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

Date

Daytime Phone #

**4/29/03 407-478-1866**

CR2E083 (10/02)