

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90616 010 *****50.00

DOCUMENT # L02000032829

1. Entity Name



MAGNOLIA HOMES OF FLORIDA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9129 16TH AVE. CIR. N.W.

Suite, Apt. #, etc.

3. Mailing Address

9129 16TH AVE. CIR. N.W.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRADENTON, FL.

Zip 34209 Country USA

City & State
BRADENTON, FL.

Zip 34209 Country USA

4. FEI Number

03-0498984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TIMOTHY P. LEHMAN

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

9129 16TH AVE. CIR. N.W.

City BRADENTON

FL

Zip Code 34209

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.

TIMOTHY P. LEHMAN, MANAGER MEMBER

DATE

4/3/03

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER TIMOTHY P. LEHMAN 9129 16TH AVE. CIR. N.W. BRADENTON, FL. 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

TIMOTHY P. LEHMAN

Date

4/3/03

Daytime Phone #

941-737-7443