

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-26-2004 90159 028 ****50.00

DOCUMENT # L03000003318

1. Entity Name
MAGNOLIA BAY ESTATES, L.L.C.



Principal Place of Business
**184 TWELVE OAKS LANE
FREEPORT, FL 32439**

Mailing Address
**184 TWELVE OAKS LANE
FREEPORT, FL 32439**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number
06-1676679

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MATTHEW, DANA C
MATTHEWS & HAWKINS, P.A.
607 HIGHWAY 98 EAST
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Dana C. Matthews, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
Matthews & Hawkins, P.A.
4475 Legendary Drive
City **Destin** FL Zip Code **32541**

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]*
Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3/24/04

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **CWJ DEVELOPMENT, INC.**
STREET ADDRESS **184 TWELVE OAKS LANE**
CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **CWJ Holdings, Inc.**
STREET ADDRESS **184 Twelve Oaks Lane**
CITY-ST-ZIP **Freeport, Florida 32439**

TITLE **MGR** ☐ Change ☒ Addition
NAME **HAL Holdings, Inc.**
STREET ADDRESS **P.O. Box 1044**
CITY-ST-ZIP **Freeport, Florida 32439**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]*

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

Date

Daytime Phone #

3/24/04