OCT 06 2005(THU) 15:02 P.00

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003318

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

FILED
05 JUL 22 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07212005 Chg-LLC CR2E083 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 184 TWELVE OAKS LANE<br>FREEPORT, FL 32439 | 184 TWELVE OAKS LANE<br>FREEPORT, FL 32439 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| P.O. Box 1605 | P.O. Box 1605 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Santa Rosa Bch, FL | City & State: Santa Rosa Bch FL |
| Zip: 32459 Country: US | Zip: 32459 Country: US |

4. FEI Number: 06-1676579 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| MATTHEW, DANA C<br>MATTHEWS & HAWKINS, P.A.<br>4475 LEGENDARY DR<br>DESTIN, FL 32541 | Name: Gary A. Shipman<br>Street Address (P.O. Box Number is Not Acceptable): Dunlap, Toole, Shipman & Whitney<br>5399 E. Co. Hwy C-30A Unit 8<br>City: Santa Rosa Bch FL Zip Code: 32459 |

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: _____ 7/21/05
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 September 7, 2005**

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>CWJ HOLDINGS, INC<br>184 TWELVE OAKS LANE<br>FREEPORT, FL 32439 | ☒ Delete | MGR<br>Jan Hooks Real Estate Group, Inc<br>P.O. Box 1605<br>Santa Rosa Bch FL 32459 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HAL HOLDINGS, INC<br>PO BOX 1044<br>FREEPORT, FL 32439 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 400057801564<br>07/22/05--01062--011 **50.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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: _____ 7/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #