


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90151 020 ****50.00

DOCUMENT # L03000015604	
1. Entity Name MAGNOLIA PARTNERS, LLC	

Principal Place of Business 17 LA VISTA DR. PONTE VEDRA BEACH, FL 32082	Mailing Address 17 LA VISTA DR. PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business 1514 Roberts Dr.	3. Mailing Address 1514 Roberts Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jacksonville Beach, FL	City & State Jacksonville Beach, FL
Zip 32250	Country Duval
Zip 32250	Country Duval



01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0521225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STONEBURNER BERRY & SIMMONS, P.A. 841 PRUDENTIAL DR., STE 140 JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARRINGTON GROUP, INC. 17 LA VISTA DR. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John Hanan, Mgr Pbr **2/7/06** **224-6200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #