~ 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015604

1. Entity Name
MAGNOLIA PARTNERS, LLC



FILED Jan 11, 2008 08:00 Al Secretary of State

Principal Place of Business

NAME STREET ADDRESS City-ST-ZIP

1514 ROBERTS DR JACKSONVILLE BEACH, FL 32250 Mailing Address
1514 ROBERTS DR
JACKSONVILLE BEACH, FL 32250



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 03-0521225		F	Applied For Not Applicable
5. Certificate of Status Desired			Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A. 841 PRUDENTIAL DR., STE 140 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typad or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when rainstating)	DATE			
	NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS GITY- ST-ZIP	MGR BARRINGTON GROUP, INC. 17 LA VISTA DR. PONTE VEDRA BEACH, FL 32082		V00000780288			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/14/08-80016-013 138.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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 Hammon John Hanon Mre	1/9/07	904-224-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #