

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000015604

Entity Name: MAGNOLIA PARTNERS, LLC

**FILED**  
**Jan 26, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1514 ROBERTS DR  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

14471 STACEY ROAD  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1514 ROBERTS DR  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

14471 STACEY ROAD  
JACKSONVILLE BEACH, FL 32250

FEI Number: 03-0521225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SIMMONS, SIDNEY S PL  
1050 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204 US

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.

SIGNATURE: SIDNEY SIMMONS

01/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BARRINGTON GROUP, IN, C.  
Address: 17 LA VISTA DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BARRINGTON GROUP, IN, C.  
Address: 14471 STACY ROAD  
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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, BARRINGTON GROUP

MGR

01/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date