


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90190 049 ****50.00

DOCUMENT # L03000024451 1. Entity Name MAGNOLIA CAPITOL PARTNERS, LLC					
Principal Place of Business 12 N.W. 5TH PLACE WILLISTON, FL 32696			Mailing Address 12 N.W. 5TH PLACE WILLISTON, FL 32696		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number 42-1598506		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			7. Name and Address of New Registered Agent		
DONALD, JACK L 12 N.W. 5TH PLACE WILLISTON, FL 32696			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/>	MGRM Jack Donald 12 N.W. 5th Place Williston, FL 32696	<input type="checkbox"/>		
	<input type="checkbox"/>	MGRM Dennis Dahl 312 Deer Park Circle Nashville, TN 37205	<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		
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: Jack Donald			4/19/04		352528-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #