


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000026286</b>	
1. Entity Name <b>MAGNOLIA ANTIQUES, LLC</b>	

Principal Place of Business <b>4390 GULF BREEZE PKWY GULF BREEZE, FL 32563</b>	Mailing Address <b>4390 GULF BREEZE PKWY GULF BREEZE, FL 32563</b>
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**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>20-0097273</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HIGHTOWER, DAVID E  
501 COMMENDENCIA ST.  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGT MAGNOLIA MANAGEMENT COMPANY INC. 4390 GULF BREEZE PKWY GULF BREEZE, FL 32563
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05/04/05-80118-022 50.00

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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:** Pamela Long Pamela Long 4-29-05 (850) 206-9104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE