

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90122 009 ****50.00

DOCUMENT # L03000026288

1. Entity Name
PROVIDENCE PROPERTIES, LLC



Principal Place of Business
**4390 GULF BREEZE PKWY.
 GULF BREEZE, FL 32563**

Mailing Address
**4390 GULF BREEZE PKWY.
 GULF BREEZE, FL 32563**

20053242



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR 20-00097687

Applied For
 Not Applicable

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
MGR
 NAME **MAGNOLIA MANAGEMENT COMPANY, INC.**
 STREET ADDRESS **4390 GULF BREEZE PKWY.**
 CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #