2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb. 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000026288

1. Entity Name
PROVIDENCE PROPERTIES, LLC

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

DO NOT WRITE IN THIS SPACE

01282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-0097687

☐ 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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MAGNOLIA MANAGEMENT COMPANY, INC.
STREET ADDRESS	4390 GULF BREEZE PKWY.
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
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CITY-ST-ZIP	

U00000813030
02/12/08-80072-021 138.75

DO NOT WRITE IN THIS SPACE

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.

[redacted]

SIGNATURE: Pamela Long 1-28-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #