


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000033507	
1. Entity Name MAGNOLIA DEVELOPMENT, LLC	

Principal Place of Business 1 WEST Highbanks Rd DeBary, FL 32713	Mailing Address 1 WEST Highbanks Rd DeBary, FL 32713
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02112007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0117507	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, ROBERT 1 WEST Highbanks Rd DeBary, FL 32713
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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANELLO, STEPHEN L 106 PINE SIDE DRIVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, ROBERT 1 WEST Highbanks Rd DeBary, FL 32713
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02/22/07-80034-025 50.00

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.

SIGNATURE: *Stephen L Anello* **Stephen L. Anello** **2-11-07** **386-479-4020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #