


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000033507 1. Entity Name MAGNOLIA DEVELOPMENT, LLC	
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Principal Place of Business 1 WEST HIGHBANKS RD DEBARY, FL 32713	Mailing Address 1 WEST HIGHBANKS RD DEBARY, FL 32713
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DO NOT WRITE IN THIS SPACE



02102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0117507	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

**SMITH, ROBERT
1 WEST HIGHBANKS RD
DEBARY, FL 32713**

**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**

U000000839687
03/06/08-R00018-016 138.75

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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.

SIGNATURE: Stephen L. Anello Stephen L. Anello 2-19-08 386-668-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #