

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90080 019 ***138.75

DOCUMENT # L03000034039

1. Entity Name

MAGNOLIA AVENUE LAND DEVELOPMENT, LLC



Principal Place of Business

**9430 S MAGNOLIA AVE
OCALA FL 34476
US**

Mailing Address

**9430 S MAGNOLIA AVE
OCALA FL 34476
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0473151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**KING, WILLIAM A ESQ
1531 SE 36TH AVE.
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name

Philip M. Matthews

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

9420 S. Magnolia Avenue

City

Ocala

FL

Zip Code

34476

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 if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MATTHEWS, PHILIP M**
STREET ADDRESS **9430 S MAGNOLIA AVE**
CITY- ST- ZIP **OCALA FL 34476**

TITLE **MGRM** ☐ Delete
NAME **MATTHEWS, KAREN E**
STREET ADDRESS **9430 S MAGNOLIA AVE**
CITY- ST- ZIP **OCALA FL 34476**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael J. H.

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

4/25/08

352-237-3330

DATE

Daytime Phone #