
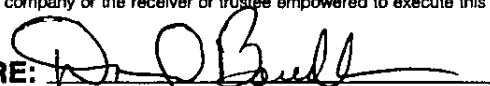


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # L03000038103 1. Entity Name MAGNOLIA HOUSE ANTIQUES, L.L.C.		
Principal Place of Business 1078 RIDGEWOOD AVE HOLLY HILL, FL 32117	Mailing Address 113 ADDISON DR ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BAUDHUIN, DAVID 113 ADDISON DR ORMOND BEACH, FL 32174		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUDHUIN, DAVID 113 ADDISON DR ORMOND BEACH, FL 32174	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		3-3-08 386-679-5416 <small>Date Daytime Phone #</small>



02242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
56-2402412

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000849564
03/21/08-80025-009 138.75