

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000029268

1. Entity Name  
MAGNOLIA VALLEY GENERAL PROPERTY, LLC



Principal Place of Business  
731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792

Mailing Address  
731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792



04232007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1026902

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MAHAFFEY, JAMES W  
731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792

**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

**[Filing Fee is \$50.00  
Due by May 1, 2007]**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
MGR  
MAHAFFEY, JAMES W  
731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
MGR  
MAHAFFEY, MARK T  
100 2ND AVE SO 302 N  
SAINT PETERSBURG, FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

000000751216  
05/18/07-80094-025 50.00

**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:

*James W. Mahaffey*  
James W. Mahaffey

04-27-07

407-677-0650

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

Date

Daytime Phone #