

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90051 001 ***350.00

DOCUMENT # L04000047121

1. Entity Name
MAGNOLIA PLAZA AT THOMAS DRIVE, LLC



Principal Place of Business
**924 GAINESVILLE HIGHWAY, SUITE 120
BUFORD, GA 30518**

Mailing Address
**924 GAINESVILLE HIGHWAY, SUITE 120
BUFORD, GA 30518**

30007257



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
27-0093253

Applied For
Not Applicable

Zip Country Zip Country
5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HICKEY, MICHAEL T
2750 STICKNEY POINTE ROAD, SUITE 106
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name **CT Corporation System**

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

1200 S. Pine Island Rd.

City **Plantation**

FL Zip Code **33324**

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 *Joan Bolden* **JOAN BOLDEN** **ASSISTANT SECRETARY**

4/17/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DOOLEY, TERRY W**
STREET ADDRESS **924 GAINESVILLE HIGHWAY, SUITE 120**
CITY-ST-ZIP **BUFORD, GA 30518**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Terry W. Dooley **Terry W. Dooley Mgr Mem.** **4-24-06 (478) 318-1055**