2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000052798** 02-02-2005 90156 010 ****50.00 MAGNOLIA PROPERTIES LLC. Principal Place of Business Mailing Address 906 SOUTH RIVERSIDE DRIVE 906 SOUTH RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168 US NEW SMYRNA BEACH, FL 32168 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINTS, MARGIE 906 SOUTH RIVERSIDE DRIVE Street Address (P.O. Box Number is Not Acceptable) NEW SMYRNA BEACH, FL 32168 City Zip Code 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITI F LINTS, MARGIE NAME NAME 906 SOUTH RIVERSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP" **

CITY-ST-ZIP

NAME STREET ADDRESS:

☐ Change

☐ Addition

FILED