

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2006 90029 045 ****50.00

DOCUMENT # L04000065356

1. Entity Name
MAGNOLIA REAL ESTATE GROUP, LLC



Principal Place of Business
7901 S.W. 6TH COURT, SUITE 150A
PLANTATION, FL 33324

Mailing Address
7901 S.W. 6TH COURT, SUITE 150A
PLANTATION, FL 33324



2. Principal Place of Business

8211 W. Broward Blvd.
PH 2
Plantation, FL 33324

8211 W. Broward Blvd.
PH 2
Plantation, FL 33324

03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, PETER C
7901 SW 6 COUT #150
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box)
City

8211 W. Broward Blvd.
PH 2
Plantation, FL 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

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GARDNER, PETER C
7901 SW 6 COURT #150
PLANTATION, FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
FITZGERALD, LUCETTE L
7901 SW 6 COURT #150
PLANTATION, FL 33324

☐ Delete

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CITY-ST-ZIP

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10.

TITLE
NAME
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CITY-ST-ZIP

8211 W. Broward Blvd.
PH 2
Plantation, FL 33324

☒ Change ☐ Addition

TITLE
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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:

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

Date

Daytime Phone #

4-27-06 954 774335