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	Mailing Address
7901 S.W. 6TH COURT, SUITE 150A PLANTATION, FL 33324	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) 8211 W. Broward Blvd.
PH 2
City 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10.		
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	8211 W. Broward Blvd. PH 2 Plantation. FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FITZGERALD, LUCETTE L 7901 SW 6 COURT #150 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8211 W. Broward Blvd. PH 2 Plantation, FL 33324	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-27-06 954 779335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #