2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# L04000080406

Entity Name: SOUTHERN MAGNOLIA, LLC

Current Principal Place of Business:

1550-1 VILLAGE SQUARE BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

1550-1 VILLAGE SQUARE BLVD.
TALLAHASSEE, FL 32309

Current Mailing Address:

1550-1 VILLAGE SQUARE BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

1550-1 VILLAGE SQUARE BLVD.
TALLAHASSEE, FL 32309

FEI Number: 42-3606212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEOD, JAMES A
2662 NOBLE DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	MCLEOD, JAMES A	
Address:	2662 NOBLE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGRM	( ) Delete
Name:	MCLEOD, ANN T	
Address:	2662 NOBLE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGRM	( ) Delete
Name:	JOINER, JOHN	
Address:	6370 PICKNEY HILL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	MGRM	( ) Delete
Name:	JOINER, KAREN	
Address:	6370 PICKNEY HILL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	MGRM	( ) Delete
Name:	MCGRATHA, BETH	
Address:	1550-1 VILLAGE SQUARE BLVD.	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	MCGROTHA, BETH	
Address:	1550-1 VILLAGE SQUARE BLVD.	
City-St-Zip:	TALLAHASSEE, FL 32308	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BETH MCGROTHA MGRM 01/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date