


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90141 001 ***500.00

DOCUMENT # L04000089306 1. Entity Name ALLIANCE AT MAGNOLIA HOUSE, LLC					
Principal Place of Business 150 CROSSVILLE STREET CANTONMENT, FL 32533			Mailing Address 150 CROSSVILLE STREET CANTONMENT, FL 32533		
2. Principal Place of Business Suite, Apt. #, etc. 1125 STRONG ROAD City & State QUINCY, FL Zip 32351			3. Mailing Address Suite, Apt. #, etc. 5887 BERRY HILL RD City & State MILTON, FL Zip 32570		
Country USA			Country USA		
4. FEI Number 20-2014284			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BEGGS & LANE, RLLP 501 COMMENDENCIA STREET PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name WARREN K. JERREMS Street Address (P.O. Box Number is Not Acceptable) 5887 BERRY HILL ROAD #148 City MILTON		
State FL			Zip Code 32570		
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 <u>Warren K. Jerrens</u> CFO DATE <u>2/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM G. ALLEN, JR 150 CROSSVILLE ST CANTONMENT, FL 32533	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WARREN K. JERREMS 5887 BERRY HILL ROAD #148 MILTON, FL 32570	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Warren K. Jerrens</u>			DATE: <u>2/14/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <u>850.983.9134</u>		

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