## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000089306

ALLIANCE AT MAGNOLIA HOUSE, LLC



Principal Place of Business

1125 STRONG ROAD QUINCY, FL 32351

Mailing Address

5887 BERRYHILL RD MILTON, FL 32570

## **FILED** Feb 13, 2006 8:00 am **Secretary of State**

02-13-2006 90245 001 \*\*\*500.00

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01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2014284

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JERRENS, WARREN K 5887 BERRYHILL RD #148 MILTON, FL 32570

CITY-ST-ZIP

## DO NOT WRITE

		IN THIS SPACE	
	named entity submits this statement for the purpose of chang tions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am	amiliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE	
F	lling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, WILLIAM G JR 150 CROSSVILLE ST CANTONMENT, FL 32533		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (M) JERREMS, WARREN K 5887 BERRYHILL RD MILTON, FL 32570		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	<b>=</b>
THILE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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 AND TYPED OR PRINTED JAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

850.586.1030