


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90112 009 \*\*\*\*50.00

<b>DOCUMENT # L04000089306</b> 1. Entity Name <b>ALLIANCE AT MAGNOLIA HOUSE, LLC</b>					
Principal Place of Business <b>1125 STRONG ROAD QUINCY, FL 32351</b>			Mailing Address <b>5887 BERRYHILL RD MILTON, FL 32570</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>150 CROSSVILLE ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>CANTONMENT, FL</b>		4. FEI Number <b>20-2014284</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>32533</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JERREMS, WARREN K 5887 BERRYHILL RD #148 MILTON, FL 32570</b>				7. Name and Address of New Registered Agent Name <b>WARREN K JERREMS</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 CROSSVILLE STREET</b> City <b>CANTONMENT</b> <b>FL</b> Zip Code <b>32533</b>	
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 Jerrem</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ALLEN, WILLIAM G JR 150 CROSSVILLE ST CANTONMENT, FL 32533</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JERREMS, WARREN K 5887 BERRYHILL RD MILTON, FL 32570</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Warren K Jerrem</u>				Date <u>7/6/07</u> Daytime Phone # _____	

40123844



07062007 Chg-LLC CR2E083 (12/06)