

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90234 031 ***138.75

60020512



DOCUMENT # L05000012501					
1. Entity Name MAGNOLIA PRC, LLC					
Principal Place of Business 1086 LONGWOOD DRIVE WOODSTOCK, GA 30189			Mailing Address 1086 LONGWOOD DRIVE WOODSTOCK, GA 30189		
2. Principal Place of Business - No P.O. Box # 101-A Business Centre Dr		3. Mailing Address 101-A Business Centre Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012008 Chg-LLC CR2E083 (12/06)	
City & State Destin, FL		City & State Destin, FL		4. FEI Number 20-2294856	
Zip Country 32550 USA		Zip Country 32550 USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN H. WATSON, P.A. 5365 E. COUNTY HIGHWAY 30-A, SUITE 105 SEAGROVE BEACH, FL 32459			7. Name and Address of New Registered Agent Name: Leuchtman, Gary G. Street Address (P.O. Box Number is Not Acceptable): 501 Commendancia Street City: Pensacola FL Zip Code: 32502		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! - FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLAIG, JONATHAN J 1086 LONGWOOD DR WOODSTOCK, GA 30189	<input checked="" 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	MGRM LAWSON, JULIE 4089 E CO HWY 30-A SEAGROVE BEACH, FL 32459	<input checked="" 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	MGRM O'NEAL, ALAN 101-A BUSINESS CENTRE DR DESTIN, FL 32550	<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	MGRM SMITH, WILLIAM H 42 BUSINESS CENTRE DR, SUITE 106 DESTIN, FL 32550	<input checked="" 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	MGRM WILLIAMS, JAMES 1300 GRAYSON PARKWAY GRASON, GA 30017	<input checked="" 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				
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: _____ 4/4/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					