


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

04-26-2006 90015 035 ****50.00

DOCUMENT # L05000021108 1. Entity Name MAGNOLIA POND HOLDINGS LLC					
Principal Place of Business 5147 SEAHORSE AVENUE NAPLES, FL 34103			Mailing Address 5147 SEAHORSE AVENUE NAPLES, FL 34103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 86-1131491			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 FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name ANDREW J. KRAUSE ESQ. Street Address (P.O. Box Number is Not Acceptable) HANN LOESER + PARKS LLP 301 LAUREL OAK DRIVE STE. 640 City NAPLES FL Zip Code 34108		
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>Andrew J. Krause</u> DATE <u>4-11-06</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, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRZESKI, TERYL H 5147 SEAHORSE AVENUE NAPLES, FL 34103	<input type="checkbox"/> Delete			
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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: <u>Teryl H Brzeski</u> DATE: <u>4/14/06</u> DAYTIME PHONE: <u>239-434-5944</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

TERYL BRZESKI

30008556



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