

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-29-2006 90021 016 ****55.00

DOCUMENT # L05000027993 1. Entity Name MAGNOLIA MANOR OF LAKE PLACID, LLC					
Principal Place of Business 417 EAST INTERLAKE BOULEVARD LAKE PLACID, FL 33852 US			Mailing Address 417 EAST INTERLAKE BOULEVARD LAKE PLACID, FL 33852 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRANTLEY, WILLIAM K II 417 EAST INTERLAKE BOULEVARD LAKE PLACID, FL 33852			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing) DATE _____					
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	MGRM BRANTLEY, WILLIAM K II 417 EAST INTERLAKE BOULEVARD LAKE PLACID, FL 33852 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE: <i>William K Brantley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			03/00/06 863-441-2659 Date Daytime Phone #		

30004309



03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number **589-28-8327** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required