

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90006 045 ***143.75

60039606



DOCUMENT # L05000039805 1. Entity Name MAGNOLIA LANDING, LLC			
Principal Place of Business C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401		Mailing Address C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 1155 S. SEMORAN BLVD		3. Mailing Address 1155 S. SEMORAN BLVD	
Suite, Apt. #, etc. Suite #1120		Suite, Apt. #, etc. Suite #1120	
City & State Winter Park, FL.		City & State Winter Park, FL.	
Zip 32792 Country US		Zip 32792 Country US	
4. FEI Number 20-2845005		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		04152008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LIOCE, DOMENICK R 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
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 TEPLITSKY, IGOR 1155 S. SEMORAN BLVD., SUITE 1120 WINTER PARK, FL 32792 <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	AMGR O'DOWD, STEVEN 1155 S. SEMORAN BLVD., SUITE 1120 WINTER PARK, FL 32792 <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	AMGR HISS, STEVEN F 1155 S. SEMORAN BLVD., SUITE 1120 WINTER PARK, FL 32792 <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Day _____ Daytime Phone # _____	

4/18/08 407-571-4355