

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**



**DOCUMENT # L05000071633**

1. Entity Name  
**13860 MAGNOLIA LLC**

Principal Place of Business  
**13771 CEDAR BLUFF COURT  
DAVIE, FL 33325**

Mailing Address  
**13771 CEDAR BLUFF COURT  
DAVIE, FL 33325**



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3198277**

Applied For  
Not Applied

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SINGER, BERNARD A ESQ.  
13771 CEDAR BLUFF COURT  
DAVIE, FL 33325**

**DO NOT WRITE  
IN THIS SPACE**

B. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000781931  
01/15/08-80054-014 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE: MGR  
NAME: FAULK, TAMI  
STREET ADDRESS: 13771 CEDAR BLUFF COURT  
CITY-ST-ZIP: DAVIE, FL 33325

TITLE: MGR  
NAME: KRUSE, TONI  
STREET ADDRESS: 13771 CEDAR BLUFF COURT  
CITY-ST-ZIP: DAVIE, FL 33325

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

*Toni Kruse 1/10/08*