2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000102467

1. Entity Name
MAGNOLIA POINT CLERMONT I, LLC

Principal Place of Business	Mailing Address
1030 NORTH ORANGE AVENUE SUITE 200 ORLANDO, FL 32801 US	POB 608066 ORLANDO, FL 32860-8066 US

DO NOT WRITE IN THIS SPACE

01312008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3677981	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

DO NOT WRITE
IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEEBLES, DONNA M
STREET ADDRESS	1030 NORTH ORANGE AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGR
NAME	LONG, DOUGLAS F
STREET ADDRESS	1030 NORTH ORANGE AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000841372
03/10/08-80015-006 138.75

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

SIGNATURE: _____   Douglas F. Long, MGR   02/05/08   407-578-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #