2006 LIMITED LIABIL!TY COMPANY ANNUAL REPORT

FILED Apr 04, 2006 8:00 am Secretary of State

DOCUMENT # L05000118573 1. Entity Name MAGNOLIA HOLDINGS, LLC						04-04-2006 90008 032 ****50.00								
Principal Place of Business 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134			Mailing Address 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134											
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03062006	Chg-LLC	CR2E083 (11	/05)				
City & State			City & State			4. FEI Numbe	59-2752	810		plied For				
Zip	Country		Zip Count		try 5.		5. Certificate	of Status Desired	□ \$5.00 Fee Re	D Addi	itional			
	6. Name and Add	ress of Current R	egistered Agent				7. Name and	Address of New F		oquii oc	•			
CORRDIR	ECT ACENTS IN	C			Name	JUA.	N LOUMTE	T - GREEN	RERG TRAIL	RTG				
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL. 32301							JAN LOUMIET - GREENBERG TRAURIG s (P.O. Box Number is Not Acceptable)							
	,					122	1 BRICKE	LL AVENUE						
			City			MIA	Zip Code							
	named entity submits ions of registered ager		the purpose of changing its	registere	d office o	r register	ed agent, or bot	th, in the State of Fl	orida. I am familiar	with, a				
SIGNATURE .	Signature, typed or printed na	Man	d title if applicable. (NOTE	: Registered	Agent signal	ure required	when reinstating)	3	13/06					
Filing Fee is \$50.00 Due by May 1, 2006			** ***							Make check payable to Florida Department of State				
Fi De	iling Fee is \$50.0 ue by May 1, 200)0)6				 	·		te check payable					
9.	ue by∕May 1, 200	00 06 NAGING MEMBER		10.			•		te check payable a Department of		,			
9. TITLE	ue by∕May 1, 200	06		10.	:	PT		ADDITIONS	te check payable a Department of	State	☐ Addition			
9.	ue by∕May 1, 200	06	S/MANAGERS	10. TITLE NAME STRE	:	PT ROSA 2600	LES, X.	ADDITIONS FRANCISCO ROAD, PH-	ce check payable a Department of /CHANGES	State				
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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: ____

X. FRANCISCO ROSALES
OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LES 2/2

2/22/06 (305)461-2142

Daytime Phone #