2008 LIMITED LIABILITY COMPANY

Feb 15, 2008 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L05000118573 1. Entity Name MAGNOLIA HOLDINGS, LLC Principal Place of Business Mailing Address 2600 DOUGLAS ROAD, PH-5 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01182008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2752810 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JUAN LOUMIET - GREENBERG TRAURIG 1221 BRICKELL AVE MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 02/26/09-80057-001 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE NAME ROSALES, FRANCISCO X STREET ADDRESS 2600 DOUGLAS RD PH-5 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME LEVITT, STEVEN T STREET ADDRESS 2600 DOUGLAS RD PH-5 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

X. FRANCISCO ROSALES - 2/06/08 -

(305)461-2142

FILED