2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-08-2007 90192 040 ****55.00

FILED
Sep 20, 2007 8:00 A.M.
Secretary of State

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1. Entity Name
MAGNOLIA AVENUE DEVELOPMENT GROUP, L.L.C.

Principal Place of Business	Mailing Address
3765 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	3765 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176

04302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
525 Carswell Ave	525 Carswell Ave
Suite, Apt. #, etc.: Unit O	Suite, Apt. #, etc.: Unit O
City & State: Holly Hill, Fl.	City & State: Holly Hill, Fl.
Zip: 32117 Country: US	Zip: 32117 Country: U.S

4. FEI Number 51-0576913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAWSON, THOMAS
3765 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name: Doanld C. Nielsen
Street Address (P.O. Box Number is Not Acceptable): 100 Fox Fire Circle
City: Daytona Beach, FL Zip Code 32114

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Thomas Pawson 3765 John Anderson Dr. Ormond Beach, FL 32176 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager & President Donald C. Nielsen 525 Carswell Ave., Unit O Holly Hill, FL 32117 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager D.S. Patel P.O. Box 2042 Ormond Beach, FL 32175 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

As per telephone conversation with

JC 9/20