

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000034346		
1. Entity Name MAGNOLIA AVENUE DEVELOPMENT GROUP, L.L.C.		

**FILED**

08 AUG -4 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 525 CARSWELL AVENUE UNIT O HOLLY HILL, FL 32117 US	Mailing Address 525 CARSWELL AVENUE UNIT O HOLLY HILL, FL 32117 US
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2. Principal Place of Business - No P.O. Box # 100 Fox Fire Cr.	3. Mailing Address 100 Fox Fire Cr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.


07292008 Chg-LLC CR2E083 (12/06)

City & State Daytona Beach FL	City & State Daytona Beach FL	4. FEI Number 51-0576913	Applied For <input type="checkbox"/> Not Applicable
Zip 32114	Country US	Zip 32114	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  NIELSEN, DONALD C 100 FOX FIRE CIRCLE DAYTONA BEACH, FL 32114	
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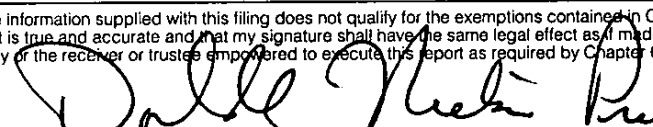
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 7-29-08

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP NIELSEN, DONALD C 525 CARSWELL AVENUE, UNIT O HOLLY HILL, FL 32117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, D.S. P.O. BOX 2042 ORMOND BEACH, FL 32175 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500133970835 08/05/08--01007--003 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 7-29-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	