


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90031 015 ***138.75

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DOCUMENT # L06000076323					
1. Entity Name MAGNOLIA REALTY, LLC					
Principal Place of Business 17239 CHATEAU PINE WAY CLERMONT, FL 34711			Mailing Address 17239 CHATEAU PINE WAY CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # 2215 CLUSTER OAK DR. Suite, Apt. #, etc. Suite 2		3. Mailing Address 17352 PROMENADE DR. Suite, Apt. #, etc.			
City & State CLERMONT, FL.		City & State CLERMONT, FL.		4. FEI Number 57-1240970	
Zip 34711		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, SOUTH & MILHAUSEN, P.A. % JEFFREY P. MILHAUSEN, ESQ. 1000 LEGION PLACE SUITE 1200 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name MELVIN E. DEMERS Street Address (P.O. Box Number is Not Acceptable) 17352 PROMENADE DR. City CLERMONT FL Zip Code 34711		
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 <u>Melvin E. Demers</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/25/2008</u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMERS, MELVIN E 13409 FOUNTAINBLEAU DRIVE CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. DEMERS MELVIN E. 17352 PROMENADE DR. CLERMONT, FL. 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <u>Melvin E. Demers</u>			Date: <u>4/26/2008</u>		Daytime Phone #: <u>407-963-1372</u>