2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009669

Address:

City-St-Zip:

Entity Name: MAGNOLIA LANDING LLC

FILED Feb 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 120 FORBES BLVD 120 FORBES BLVD MANSFIELD, MA 02048 SUITE 180 MANSFIELD, MA 02048 **Current Mailing Address: New Mailing Address:** 120 FORBES BLVD 120 FORBES BLVD SUITE 180 MANSFIELD, MA 02048 MANSFIELD, MA 02048 FEI Number: 20-8311339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition THE GATEHOUSE GROUP,, INC. Name: Name: Address: Address: 120 FORBES BLVD, SUITE 180 City-St-Zip: City-St-Zip: MANSFIELD, MA 02048 US () Change (X) Addition Title: Title: MGRM () Delete Name: Name: CANEPARI, DAVID J Address: Address: 120 FORBES BLVD., SUITE 180 City-St-Zip: City-St-Zip: MANSFIELD, MA 02048 US Title: () Delete Title: MGRM () Change (X) Addition PLONSKIER, MARC S Name: Name: 120 FORBES BLVD., SUITE 180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

MANSFIELD, MA 02048 US

SIGNATURE: MARC S PLONSKIER **MGRM** 02/14/2008