2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2009
Secretary of State

DOCUMENT# L07000017555

Entity Name: MAGNOLIA CAFE LLC

Current Principal Place of Business:

310 N MAIN STREET
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

2312 KAMI CREEK TR
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 14-1989218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOWNEY, MICHAEL P
2312 KAMI CREEK TR
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Title:	MGRM	( ) Delete
Name:	DOWNEY, MICHAEL P	
Address:	2312 KAMI CREEK TR	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	MGRM	( ) Delete
Name:	DOWNEY, KARI E	
Address:	2312 KAMI CREEK TR	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	MGR	( ) Delete
Name:	MILLS, MARGARET	
Address:	413 MERIDIAN STREET	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	MGR	( ) Delete
Name:	MILLS, KENNETH	
Address:	413 MERIDIAN STREET	
City-St-Zip:	TALLAHASSEE, FL 32303	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: KARI E. DOWNEY MGRM 06/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date