2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 09, 2008 8:00 am Secretary of State

DOCUMENT # L07000090703 1. Entity Name 441 MAGNOLIA, LLC					04-04-2008 90136 044 ***138.				
Principal Place 441 NORTH OVIEDO, FL	CENTRAL AVENUE		Mailing Address POST OFFICE BOX 620744 OVIEDO, FL 32762 US			: !	II OFFII (FON OFFII DOFFI OFF	H ATTOR (THIS OUTS AND I OU ST	liitin () liiki
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02252008	Chg-LLC	CR2E083 (12/06)
City & State			City & State			4. FEI Numb	<i>6-0</i> 838		Applied For Not Applicable
Zip			Zip Coun		try	5. Certificate of Status Desired 5.00 Additional Fee Required			
6. Name and Address of Current R			egistered Agent		Name	7 Name an	d Address of New R	egistered Agent	
-	ORMERE WAY		_		Street Address (P.O. Box Number is Not Acceptable)				
SUITE 200 OVIEDO. F									
OVILEDO, I	2 32,00				City		· · · · · · · · · · · · · · · · · · ·	FL Zip Co	de
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 Software, hyped or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) OATE									
	NOWIII FEE IS: 71, 2008 Fee wil							e check payable to Department of Sta	rte .
9.	MAN	NAGING MEMBER	IS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE NAME	MGRM SANDALWOOD IN	N/ECTMENTS	Delete	TITLE	i i			Change	Addition
STREET ADDRESS	751 FLORIDA AVE		iivo.		ET ADORESS				
CITY-ST-ZIP	OVIEDO, FL 3276	55		CITY	-51-ZIP				
TALE	MGRM Delete			ELLIN.				Change	☐ Addition
NAME - STREET ADORESS	MAGNOLIA, LLC 400 WEST STATE				ET ADDRESS		•		
CTTY-ST-ZIP	OVIEDO, FL 32765			Mu	-ST-23P		 .	☐ Change	- · · · · Addition
HAME	-			NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
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CITY-ST-ZP				CITY	-ST- ZP		,		
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
Sandalwind Environments.									
SIGNATURE: M. CLAR SCHULTZ P 4-2-08 407:359-7599 SIGNATURE: Date On General BAME OF SIGNANG BAMAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devices Prome Prome 9									