

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000064394

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** MAGNOLIA MANOR SENIOR DAY PROGRAM, LLC

**Current Principal Place of Business:**

141 BARKS DRIVE  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

141 BARKS DRIVE  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 26-2925355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERNDON, BRADLEY P  
25 WALTER MARTIN ROAD, STE 202  
FORT WALTON BEACH, FL 32548 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  
Name: ELIM HOME-CLARY, LLC  
Address: 1241 AIRPORT ROAD, STE A  
City-St-Zip: DESTIN, FL 32541

Title: MGRM  
Name: ANTHONY, VALERIE  
Address: 109 DOODLE AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM  
Name: O'NEAL, SARA  
Address: 114 JIMMY STREET  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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: SARA A. O'NEAL

MGRM

03/04/2010

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