

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002949

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** MAGNOLIA SHOPPING CENTER LLC

**Current Principal Place of Business:**

275 COQUINA AVENUE  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

1469 NORTH MAGNOLIA AVENUE  
OCALA, FL 34475 US

**Current Mailing Address:**

275 COQUINA AVENUE  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

SIMON, BARBARA  
275 COQUINA AVENUE  
ORMOND BEACH, FL 32174 US

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

SIMON, BARBARA S MS.  
275 COQUINA AVENUE  
ORMOND BEACH, FL 32174 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: BARBARA S. SIMON

01/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SIMON, BARBARA S MS.  
Address: 275 COQUINA AVE.  
City-St-Zip: ORMOND BEACH, FL 32174 US

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: BARBARA SIMON

MS.

01/18/2012

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