

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000093543

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** MAGNOLIA POINTE ORLANDO, LLC

**Current Principal Place of Business:**

2385 NW EXECUTIVE CENTER DRIVE  
440  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2385 NW EXECUTIVE CENTER DRIVE  
440  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 27-3437258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOBEL, JEFFREY E  
2385 NW EXECUTIVE CENTER DRIVE  
440  
BOCA RATON, FL 33431 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: SAMUEL R. SOBEL TRUSTEE UAD 11/13/73 TRUST  
Address: 2385 NW EXECUTIVE CENTER DRIVE, SUITE 440  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM  
Name: JEFFREY E. SOBEL TRUSTEE UAD 7/24/98 TRUST  
Address: 2385 NW EXECUTIVE CENTER DRIVE, SUITE 440  
City-St-Zip: BOCA RATON, FL 33431

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: JEFFREY E. SOBEL

MGRM

04/27/2012

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