

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L97000000114

Entity Name
MAGNOLIA DUNES, L.L.C.



Principal Place of Business
**3816 REID ST
PALATKA, FL 32117**

Mailing Address
**3816 REID ST.
PALATKA, FL 32177**

U00000447392
03/08/06-80055-011 50.00



DO NOT WRITE IN THIS SPACE

02232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3433693

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALFORD JR., CHARLES E
3816 REID ST
PALATKA, FL 32117**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALFORD, CHARLES E JR
STREET ADDRESS	3816 REID ST
CITY- ST- ZIP	PALATKA, FL 32177
TITLE	MGRM
NAME	ALFORD, BRYAN T
STREET ADDRESS	RT. 8, BOX 2000
CITY- ST- ZIP	PALATKA, FL 32117
TITLE	MGRM
NAME	CLAPP, KATHRYN A
STREET ADDRESS	151 CONFEDERATE PT RD
CITY- ST- ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Kathryn A Clapp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-24-06

Date

386-325-7330

Daytime Phone #