

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L97000000114

1. 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**



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000777444
01/10/08-80008-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALFORD, CHARLES E JR
3816 REID ST
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALFORD, BRYAN T
RT. 8, BOX 2000
PALATKA, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLAPP, KATHRYN A
151 CONFEDERATE PT RD
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 **Kathryn A Clapp**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-7-08 386-325-7330