## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L9700000114

Entity Name: MAGNOLIA DUNES, L.L.C.

151 CONFEDERATE PT RD

PALATKA, FL 32177

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** PALATKA, FL 32117 **Current Mailing Address: New Mailing Address:** 3816 REID ST. PALATKA, FL 32177 FEI Number: 59-3433693 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **ALFORD** JR., CHARLES E 3816 REID ST PALATKA, FL 32117 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: ADDITIONS/CHANGES: MGRM ( ) Delete Title: () Change () Addition ALFORD, CHARLES E JR Name: Name: Address: 3816 REID ST Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ALFORD, BRYAN T Name: Address: RT. 8. BOX 2000 Address: City-St-Zip: PALATKA, FL 32117 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CLAPP, KATHRYN A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Address:

City-St-Zip:

SIGNATURE: KATHRYN A CLAPP MGRM 03/20/2009