

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000007679

1. Entity Name
MAGNOLIA OF CENTRAL FLORIDA, L.L.C.



Principal Place of Business

28 W CENTRAL BLVD.
SUITE 300
ORLANDO, FL 32801

Mailing Address

28 W CENTRAL BLVD.
SUITE 300
ORLANDO, FL 32801

FILED
Apr 17, 2008 08:00 A
Secretary of State



03242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3759668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATONIS, STEPHEN J
28 W CENTRAL BLVD.
SUITE 300
ORLANDO, FL 32801

**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

UD00000904131
04/20/08-80073-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MATONIS, STEPHEN J
13265 KIRBY, SMITH ROAD
ORLANDO, FL 32832

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LENTZ, CHARLES J
7517 SOMERSET SHORES
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Stephen J. Matonis

4-15-08

407-843-3377

Date

Daytime Phone #