2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008181

1. Entity Name

MAGNOLIA AT MERIDIAN, LLC

Principal Place of Business	Mailing Address
13997 MAHAN DRIVE	13997 MAHAN DRIVE
TALLAHASSEE FL 32308	TALLAHASSEE FL 32308-9571

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address *P.O. Box 16554*	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State *TALLAHASSEE FL.*	4. FEI Number — ☑ Applied For / ☐ Not Applicable
Zip	Country	Zip *32317*	Country *USA*	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POGGE, STEPHEN G 13997 MAHAN DRIVE TALLAHASSEE FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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.

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 $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	10. ADDITIONS/CHANGES
TITLE **MGRM** NAME DAVEY, BURTON G STREET ADDRESS 414 EAST SEVENTH AVENUE CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete	TITLE / NAME *DAVY, BURTON G.* / STREET ADDRESS / CITY-ST-ZIP ☑ Change ☐
TITLE **MGRM** NAME POGGE, STEPHEN C STREET ADDRESS 13997 MAHAN DRIVE CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete	700003114047----1 -01/28/00--01023--012 *****50.00 *****50.00 ☐ Change ☐
TITLE **MGRM** NAME KELLOGG, TIM STREET ADDRESS 9601 MICCOSUKEE ROAD CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQ Burton G. Davy*   *1/13/00*   *850-545-0309*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #