2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008818

1. Entity Name
MAGNOLIAS INVESTMENT GROUP, L.L.C.

839731

Principal Place of Business
1132 John Sims Pkwy
Niceville, FL 32578

Mailing Address
4506 Hwy 20 E
Ste 250
Niceville FL 32578

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip	Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3614489	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

Alford, Stephen M.
4506 Hwy 20E, Ste 250
Niceville FL 32578

7. Name and Address of New Registered Agent

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 M.R.M - owner NAME Alford, Stephen M STREET ADDRESS 4506 Hwy 20E, Ste 250 CITY-ST-ZIP Niceville, FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003313615--6 -07/05/00--01100--007 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/99)

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