

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **FL99000008818**

1. Entity Name

**MAGNOLIAS INVESTMENT GROUP, L.L.C.**

Principal Place of Business

**1132 JOHN SIMS PKWY  
NICEVILLE FL 32578**

Mailing Address

**4506 HWY 20 EAST  
SUITE 250  
NICEVILLE FL 32578**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ALFORD, STEPHEN M  
4506 EAST HWY #20, 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  
Due By September 26, 2001**

**600004653366--1  
-10/25/01--01029--009  
\*\*\*\*100.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ALFORD, STEPHEN M  
4506 HWY 20 EAST, SUITE 250  
NICEVILLE FL 32578**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**\$50.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: **ALFORD, STEPHEN M**

**FILED**

**01 OCT 12 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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**

0001741

CR2E083 (5/01)

STAPLE CHECK HERE