

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company CASA MAGNOLIA, L.L.C. 11365 HIGHLAND ROAD BATON ROUGE LA 70810		DOCUMENT # M98000000659	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3a. Principal Place of Business Address 11365 HIGHLAND ROAD BATON ROUGE LA 70810	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 06/22/1998 3a. State of Formation LA	
		4. FEI Number 72-1412821 ☐ Applied For ☐ Not Applicable	
		5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent ROARK, DONALD A 201 EAST GOVERNMENT STREET PENSACOLA FL 32501		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ (Registered Agent & Accepting Agent must sign)		DATE _____ (Registered Agent Signature to be filed with this statement)	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PENNINGTON, CLAUDE B	11365 HIGHLAND ROAD	BATON ROUGE LA
MGRM	PENNINGTON, DARYL B SR	2578 HIGHWAY 955 WEST	ETHEL LA
MGRM	DELABRETONE, PAULA	17930 SHOAL CREEK DRIVE	BATON ROUGE LA
3:0000028408631---8: -04/15/99--01105--018 ****188.75 ****188.75 5-14-99			
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____ SIGNATURE AND TYPE OF OFFICIAL (NAME OF OFFICIAL/MEMBER OR MANAGER)		3/15/91 (225) 383-3412 FILED	