2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

DOCUMENT# M98000000659

Entity Name: CASA MAGNOLIA, L.L.C.

Current Principal Place of Business:

11365 HIGHLAND ROAD
BATON ROUGE, LA 70810

New Principal Place of Business:

Current Mailing Address:

17930 SHOAL CREEK DRIVE
BATON ROUGE, LA 70810

New Mailing Address:

11365 HIGHLAND RD
BATON ROUGE, LA 70810

FEI Number: 72-1412821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROARK, DONALD A
201 EAST GOVERNMENT STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PENNINGTON, CLAUDE B	
Address:	11365 HIGHLAND ROAD	
City-St-Zip:	BATON ROUGE, LA 70810	
Title:	MGRM	( ) Delete
Name:	PENNINGTON, DARYL B SR.	
Address:	2578 HIGHWAY 955 WEST	
City-St-Zip:	ETHEL, LA 70730	
Title:	MGRM	( ) Delete
Name:	DELABRETONNE, PAULA	
Address:	17930 SHOAL CREEK DRIVE	
City-St-Zip:	BATON ROUGE, LA 70810	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAULA DELABRETONNE MGRM 03/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date