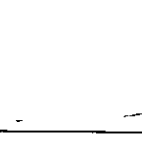


FILED
Jan 13, 2003 8:00 am
Secretary of State

20003759

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # M98000000659 1. Entity Name CASA MAGNOLIA, L.L.C.				Secretary of State 01-13-2003 90154 003 ****50.00	
Principal Place of Business 11365 HIGHLAND ROAD BATON ROUGE LA 70810		Mailing Address 17930 SHOAL CREEK DRIVE BATON ROUGE LA 70810		20003759 	
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State		☐ CHECK HERE IF MAKING CHANGES	
Zip Country		Zip Country		4. FEI Number 72-1412821 Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROARK, DONALD A 201 EAST GOVERNMENT STREET PENSACOLA FL 32501				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGRM PENNINGTON, CLAUDE B	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	11365 HIGHLAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA 70810		CITY-ST-ZIP		
TITLE NAME	MGRM PENNINGTON, DARYL B SR.	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	2578 HIGHWAY 955 WEST		STREET ADDRESS		
CITY-ST-ZIP	ETHEL LA 70730		CITY-ST-ZIP		
TITLE NAME	MGRM DELABRETONE, PAULA	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	17930 SHOAL CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA 70810		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

DATE _____

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: Paula de la Botton SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

110/03

Det

Daytime Phone #