

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121381

FILED
Feb 14, 2006
Secretary of State

Entity Name: MAGNOLIAS, LLC

Current Principal Place of Business:

4547 LASSASSIER DRIVE
PENSACOLA, FL 32504

New Principal Place of Business:

PO BOX 11036
PENSACOLA, FL 32524

Current Mailing Address:

4547 LASSASSIER DRIVE
PENSACOLA, FL 32504

New Mailing Address:

PO BOX 11036
PENSACOLA, FL 32524

FEI Number: 20-3975478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELL, STEPHEN B
226 PALAFOX PLACE
NINTH FLOOR
PENSACOLA, FL 32502 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: MYSLAK, JOHN V
Address: 4547 LASSASSIER DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: MYSLAK, HATICE L
Address: 4547 LASSASSIER DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: R&D STORAGE, LLC,
Address: 4830 VELASQUEZ STREET
City-St-Zip: PENSACOLA, FL 32504

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: HATICE L. MYSLAK

MGRM

02/14/2006

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