I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARYCAROL R CHAPMAN R.N.

Electronic Signature of Signing Authorized Person(s) Detail

OWNER/ADMINISTRATOR 04/12/2018

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	CHAPMAN, MARYCAROL R	Name	CHAPMAN, MICHAEL R
Address	8924 PUERTO DEL RIO DRIVE 503	Address	8924 PUERTO DEL RIO DRIVE UNIT 503
City-State-Zip:	CAPE CANAVERAL FL 32920	City-State-Zip:	CAPE CANAVERAL FL 32920

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L14000196983

Entity Name: MAGNOLIA HOUSE ASSISTED LIVING FACILITY LLC

Current Principal Place of Business:

103 YACHT HAVEN DRIVE COCOA BEACH, FL 32931

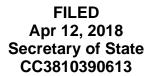
Current Mailing Address:

8924 PUERTO DEL RIO DRIVE UNIT 503 CAPE CANAVERAL, FL 32920 US

FEI Number: 47-3382598

Name and Address of Current Registered Agent:

CHAPMAN, MARYCAROL R 8924 PUERTO DEL RIO DRIVE UNIT 503 CAPE CANAVERAL, FL 32920 US



Date

Date