2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State
02-25-2003 90084 043 ****50.00

DOCUMENT # L02000008704

1. Entity Name
OFS INVESTORS, LLC

Principal Place of Business	Mailing Address
1320 SE 25TH LOOP SUITE 101 OCALA FL 34471 US	P.O. BOX 2495 OCALA FL 34478 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2605 SW 33rd Street	
Suite, Apt. #, etc.: #200	Suite, Apt. #, etc.
City & State: Ocala FL	City & State
Zip: 34474 Country: Marion	Zip / Country

4. FEI Number: 81-0601534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUSSELMAN, ROD W 1320 SE 25TH LOOP SUITE 101 OCALA FL 34471	Name: Kenneth B Kirkpatrick Street Address (P.O. Box Number is Not Acceptable): 2605 SW 33rd St #200 City: Ocala **FL** Zip Code: 34474

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: _____ 2/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / STREET ADDRESS / CITY-ST-ZIP	MGRM MUSSELMAN, ROD W 1320 SE 25TH LOOP, SUITE 101 OCALA FL 34471	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KIRKPATRICK, KENNETH B 1320 SE 25TH LOOP, SUITE 101 OCALA FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2605 SW 33rd St #200 Ocala FL 34474
TITLE / NAME / ~~STREET ADDRESS~~ / CITY-ST-ZIP	MGRM DENERSTEIN, LEONARD R ~~1320 SE 25TH LOOP, SUITE 101~~ OCALA FL 34471	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Kenneth Kirkpatrick REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #