
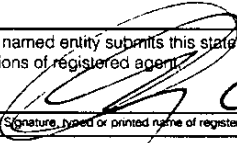
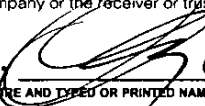


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90336 031 ****50.00

DOCUMENT # L04000079305			
1. Entity Name SHADOW OAKS OF OCALA, LLC			
Principal Place of Business 811 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441		Mailing Address 811 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	
2. Principal Place of Business 3120 SE 10 AVENUE Suite, Apt. #, etc.		3. Mailing Address 3120 SE 10 AVENUE Suite, Apt. #, etc.	
City & State OCALA FL		City & State OCALA FL	
Zip 34471		Country	
Zip 34471		Country	
6. Name and Address of Current Registered Agent JOHNSON, CAROL A 811 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3120 SE 10 AVENUE City OCALA FL Zip Code 34471	
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.		CAROL JOHNSON, MEMBER DATE 6-3-06 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, CAROL A 811 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3120 SE 10 AVENUE OCALA FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, JAMES N 811 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3120 SE 10 AVENUE OCALA FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WONSIK, CONNIE C 811 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3120 SE 10 AVENUE OCALA FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WONSIK, JOHN D 811 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3120 SE 10 AVENUE OCALA FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		CAROL JOHNSON, MEMBER Date 6-3-06 Daytime Phone #	