

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079305

FILED
Jan 14, 2009
Secretary of State

Entity Name: SHADOW OAKS OF OCALA, LLC

Current Principal Place of Business:

3120 SE 10TH AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3120 SE 10TH AVE
OCALA, FL 34471

New Mailing Address:

FEI Number: 13-4288484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, CAROL A
3120 SE 10TH AVE
OCALA, FL 34471 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: JOHNSON, CAROL A
Address: 3120 SE 10TH AVE
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: JOHNSON, JAMES N
Address: 3120 SE 10TH AVE
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: WONSIK, CONNIE C
Address: 3120 SE 10TH AVE
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: WONSIK, JOHN D
Address: 3120 SE 10TH AVE
City-St-Zip: OCALA, FL 34471

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CONNIE C WONSIK

MGRM

01/14/2009

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