

**006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

IDENT # L04000093061



LLC

Principal Place of Business Mailing Address  
 17TH STREET 2020 S.E. 17TH STREET  
 FL 34471 OCALA FL 34471



1st MOORE CR2E083 (10/05)

|                                |         |                     |         |                                  |  |                         |  |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|-------------------------|--|
| 1. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    |  | Applied For             |  |
| Apt. #, etc.                   |         | Suite, Apt. #, etc. |         | NO-T APPLICABLE                  |  | Not Applicable          |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired |  | Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country | <input type="checkbox"/>         |  | \$5.00                  |  |

|  |  |  |  |  |  |    |  |
|--|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| PADGETT, GLENN R<br>1801 WEST INTERNATIONAL SPEEDWAY BOULEVARD<br>DAYTONA BEACH FL 32114 |  |  |  | Name   |  |    |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|  |  |  |  | City   |  | FL |  |

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 \_\_\_\_\_ (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, 2006**

| 9. MANAGING MEMBERS / MANAGERS |                 |                                 |  | 10. ADDITIONS / CHANGES |  |                                 |                              |
|--------------------------------|-----------------|---------------------------------|--|-------------------------|--|---------------------------------|------------------------------|
| TITLE                          | MGR             | <input type="checkbox"/> Delete |  | TITLE                   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                           | HILL, MICHAEL P |                                 |  | NAME                    |  |                                 |                              |
| STREET ADDRESS                 | 2020 SE 17TH ST |                                 |  | STREET ADDRESS          |  |                                 |                              |
| CITY-ST-ZIP                    | OCALA FL 34471  |                                 |  | CITY-ST-ZIP             |  |                                 |                              |
| TITLE                          |                 | <input type="checkbox"/> Delete |  | TITLE                   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                           |                 |                                 |  | NAME                    |  |                                 |                              |
| STREET ADDRESS                 |                 |                                 |  | STREET ADDRESS          |  |                                 |                              |
| CITY-ST-ZIP                    |                 |                                 |  | CITY-ST-ZIP             |  |                                 |                              |
| TITLE                          |                 | <input type="checkbox"/> Delete |  | TITLE                   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                           |                 |                                 |  | NAME                    |  |                                 |                              |
| STREET ADDRESS                 |                 |                                 |  | STREET ADDRESS          |  |                                 |                              |
| CITY-ST-ZIP                    |                 |                                 |  | CITY-ST-ZIP             |  |                                 |                              |
| TITLE                          |                 | <input type="checkbox"/> Delete |  | TITLE                   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                           |                 |                                 |  | NAME                    |  |                                 |                              |
| STREET ADDRESS                 |                 |                                 |  | STREET ADDRESS          |  |                                 |                              |
| CITY-ST-ZIP                    |                 |                                 |  | CITY-ST-ZIP             |  |                                 |                              |
| TITLE                          |                 | <input type="checkbox"/> Delete |  | TITLE                   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                           |                 |                                 |  | NAME                    |  |                                 |                              |
| STREET ADDRESS                 |                 |                                 |  | STREET ADDRESS          |  |                                 |                              |
| CITY-ST-ZIP                    |                 |                                 |  | CITY-ST-ZIP             |  |                                 |                              |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael P Hill* 1-31-06 352 861-0440