


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000104309 1. Entity Name ONB-MI, LLC	
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Principal Place of Business 3001 SE MARICAMP RD. OCALA, FL 34471	Mailing Address 3001 SE MARICAMP RD. OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



01032008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8088252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KAY, RANGE 3001 SE MARICAMP RD. OCALA, FL 34471	DO NOT WRITE IN THIS SPACE
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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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAY, RANGE 3001 SE MARICAMP RD OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABIAN, JEF 3001 SE MARICAMP RD OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLUNKETT, JOHN 3001 SE MARICAMP RD OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERRYHILL, MICHAEL 3001 SE MARICAMP RD OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/08-80006-002-138.75

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:   1/10/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #