2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2016
Secretary of State
CC3874540863

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Entity Name: 17TH STREET VENTURE, LLC

Current Principal Place of Business:

2020 SE 17TH STREET
OCALA, FL 34471

Current Mailing Address:

2020 SE 17TH STREET
OCALA, FL 34471 US

FEI Number: 20-2622079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROY, KERRI K
2020 SE 17TH ST.
OCALA, FL 34471 US

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: KERRI K ROY 02/15/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	ANDERSON, NORMAN H MD
Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

Title	AUTHORIZED REPRESENTATIVE
Name	ROY, KERRI K
Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

Title	AUTHORIZED MEMBER
Name	BRANT, TIMOTHY A MD
Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

Title	AUTHORIZED MEMBER
Name	NORMAN H ANDERSON MD PA
Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

Title	AUTHORIZED REPRESENTATIVE
Name	ANDERSON, DREW G
Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

Title	AUTHORIZED MEMBER
Name	BUCY, GUY S MD
Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

Title	AUTHORIZED MEMBER
Name	BENNETT, CHARLES J JR MD
Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KERRI K ROY AR 02/15/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date