

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 06, 2004  
Secretary of State**

DOCUMENT# L00000000469

Entity Name: CATHERINE F. ACKERMAN P.L.

**Current Principal Place of Business:**

500 NE 8TH AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE 8TH AVENUE  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 59-3618406      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACKERMAN, CATHERINE F  
500 NE 8TH AVENUE  
OCALA, FL 34471    US

**Name and Address of New Registered Agent:**

ACKERMAN, CATHERINE F  
500 NE 8TH AVENUE  
OCALA, FL 34470    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: \_\_\_\_\_ 01/06/2004  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: ACKERMAN, CATHERINE F  
Address: 500 NE 8TH AVENUE  
City-St-Zip: Ocala, FL 34470

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHERINE F. ACKERMAN      MGR      01/06/2004  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date