

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90072 027 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018391

1. Entity Name

ODHLLC

Principal Place of Business

2300 SE 17TH STREET, BUILDING 800  
OCALA FL 34471

Mailing Address

2300 SE 17TH STREET, BUILDING 800  
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State :

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

75-3037017

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Change already submitted.

~~RAMSEY, RICHARD ESQ.~~  
~~390 N. ORANGE AVE, SUITE 100~~  
~~ORLANDO FL 32801~~

DONOVAN, JOSEPH L. II  
 2300 SE 17th St. Suite 800  
 Ocala, FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/02

FILE NOW!!! FEE IS \$50.00 ←

Make Check Payable to Department of State  
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~PRESIDENT~~ ☐ Delete  
 NAME ~~JOSE~~  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PRESIDENT ☐ Change ☒ Addition  
 NAME JOSEPH L. DONOVAN, II  
 STREET ADDRESS 2300 SE 17th St. Suite 800  
 CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition  
 NAME WAYNE F. POOLE  
 STREET ADDRESS 2300 SE 17th St. Suite 800  
 CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/8/02

352-867-9606

CR2E083 (9/01)