

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 24, 2005  
Secretary of State**

DOCUMENT# L02000007992

Entity Name: ALAMAR CAPITAL PARTNERS, LLC

**Current Principal Place of Business:**

1517 SE 24TH TERR  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6768  
OCALA, FL 34478

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

MUSSELMAN, ROD W  
1517 SE 24TH TERRACE  
OCALA, FL 34471 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MUSSELMAN, ROD W PRES  
Address: 1517 SE 24TH TERRACE  
City-St-Zip: Ocala, FL 34471 US

Title: MGR ( ) Delete  
Name: MUSSELMAN, HILLARY E VP  
Address: 1517 SE 24TH TERRACE  
City-St-Zip: Ocala, FL 34471 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MUSSELMAN, ROD W  
Address: 1517 SE 24TH TERRACE  
City-St-Zip: Ocala, FL 34471 US

Title: MGR (X) Change ( ) Addition  
Name: MUSSELMAN, HILLARY E  
Address: 1517 SE 24TH TERRACE  
City-St-Zip: Ocala, FL 34471 US

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: ROD W. MUSSELMAN

MGR

02/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date