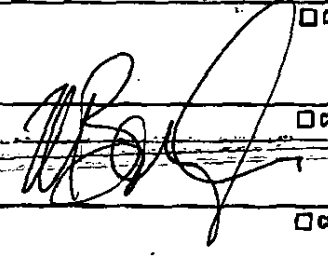


FILED
Apr 03, 2003 8:00 am
Secretary of State

02-24-2003 90048 030 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020795			
1. Entity Name GRAND RESERVE OF OCALA, LLC			
Principal Place of Business 250 N. ORANGE AVENUE, SUITE 1501 ORLANDO FL 32801		Mailing Address 250 N. ORANGE AVENUE, SUITE 1501 ORLANDO FL 32801	
2. Principal Place of Business 105 E. ROBINSON ST. SUITE 501 ORLANDO FL		3. Mailing Address 105 E. ROBINSON ST. SUITE 501 ORLANDO FL	
4. FEI Number 51-0420369		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
8. Name and Address of Current Registered Agent BROWNING, ROBERT W JR 250 N. ORANGE AVENUE, SUITE 1501 ORLANDO FL 32801		7. Name and Address of New Registered Agent ROBERT W. BROWNING JR. 105 E. ROBINSON ST. SUITE 501 ORLANDO FL 32801	
9. 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 reappointing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP MANAGING MEMBER ☐ Delete ROBERT W. BROWNING JR. 105 E. ROBINSON ST. SUITE 501 ORLANDO, FL 32801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 501 SUITE ☐ Change ☐ Addition 	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
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 606, Florida Statutes.			
SIGNATURE:  REQUIRED		1-17-03	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CH2503 (1/02)