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Secretary of State
02-24-2003 90048 030 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020795

55022105

1. Entity Name
GRAND RESERVE OF OCALA, LLC

Principal Place of Business	Mailing Address
~~250 N. ORANGE AVENUE, SUITE 1501 ORLANDO FL 32801~~	~~250 N. ORANGE AVENUE, SUITE 1501 ORLANDO FL 32801~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
105 E. ROBINSON ST.	105 E. ROBINSON ST.
Suite, Apt. #, etc.: SUITE 501	Suite, Apt. #, etc.: SUITE 501.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32801 Country: ORANGE	Zip: 32801 Country: ORANGE

4. FEI Number: 51-0420369 ☐ Applied For ☐ Not Applicable

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

6. 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
Name: ROBERT W. BROWNING JR.
Street Address (P.O. Box Number is Not Acceptable): 105 E. ROBINSON ST. SUITE 501
City: ORLANDO FL Zip Code: 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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-ST-ZIP	MANAGING MEMBER ☐ Delete ROBERT W. BROWNING JR. 105 E. ROBINSON ST. SUITE 501 ORLANDO, FL 32801	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 501 SUITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 REQUIRED 1-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #