

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021494

FILED
Apr 01, 2004
Secretary of State

Entity Name: OCALA RANCH LLC

Current Principal Place of Business:

2559 SW HIGHWAY 484
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

1588 POINTE TARPON BLVD
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 55-0791511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, J.WARREN
18 NW THIRD AVE
OCALA, FL 34475 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: MGRM () Delete
Name: ARCHITETTO, THOMAS M
Address: 1588 POINTE TARPON BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: ASCHITETTO, LINDA L
Address: 1588 POINTE TARPON BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ARCHITETTO, LINDA L
Address: 1588 POINTE TARPON BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

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: THOMAS M. ARCHITETTO

MGRM

04/01/2004

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