

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021494

Entity Name: OCALA RANCH LLC

FILED  
Jan 23, 2006  
Secretary of State

**Current Principal Place of Business:**

2559 SW HIGHWAY 484  
OCALA, FL 34473 US

**New Principal Place of Business:**

**Current Mailing Address:**

2559 SW HWY 484  
OCALA, FL 34473 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:**

PETERSON, CARL R  
2145 DELTA BLVD  
SUITE 200  
TALLAHASSEE, FL 32303 US

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: CARL R PETERSON

01/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARCHITETTO, THOMAS M  
Address: 2559 SW HWY 484 - LOT 101  
City-St-Zip: OCALA, FL 34473

Title: MGRM ( ) Delete  
Name: ARCHITETTO, LINDA L  
Address: 2559 SW HWY 484 - LOT 101  
City-St-Zip: OCALA, FL 34473

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: ARCHITETTO, THOMAS M  
Address: 2559 SW HWY 484  
City-St-Zip: OCALA, FL 34473

Title: VP (X) Change ( ) Addition  
Name: ARCHITETTO, LINDA L  
Address: 2559 SW HWY 484  
City-St-Zip: OCALA, FL 34473

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

PRES

01/23/2006

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