

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 06, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000025099**

**1. Entity Name  
GATEWAY TO THE SPRINGS MOTEL, LLC**



**Principal Place of Business  
1205 NW 27TH AVENUE  
OCALA, FL 34474**

**Mailing Address  
PO BOX 3773  
OCALA, FL 34478**



03152005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
56-2294592**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BULLARD, J. WARREN  
18 NW THIRD AVENUE  
OCALA, FL 34475**

**DO NOT WRITE  
IN THIS SPACE**

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BOOTHBY, WILLIAM G  
PO BOX 3773  
OCALA, FL 34478**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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STREET ADDRESS  
CITY - ST - ZIP**

1100000289627  
04/06/05-80034-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-15-05

352-368-5900