

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90046 006 ****50.00

DOCUMENT # L03000039013

1. Entity Name
CARRIAGE HOUSE OF OCALA # 2, L.L.C.



Principal Place of Business
**744 SE 22ND AVENUE
OCALA, FL 34471**

Mailing Address
**744 SE 22ND AVENUE
OCALA, FL 34471**

40027321

2. Principal Place of Business
11311 SW 95 CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
11311 SW 95 CIRCLE
Suite, Apt. #, etc.



03272006 Chg-LLC CR2E083 (11/05)

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number
54-2148477

Applied For
☐ Not Applicable

Zip
34481 Country
USA

Zip
34481 Country
USA

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

6. Name and Address of Current Registered Agent

**RADICE, ARTHUR
744 SE 22ND AVENUE
OCALA, FL 34471**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
11311 SW 95 CIRCLE

City **OCALA** FL Zip Code **34481**

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 *Arthur Radice*

ARTHUR RADICE

4/6/05

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
NATIONAL RETIREMENT DEV. CO.
744 SE 22 AVE.
OCALA, FL 34471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**11311 SW 95 CIRCLE
OCALA FL 34481** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Arthur Radice*

4/5/06

(352) 861-2504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #