


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000054393
1. Entity Name
COLORTONE OF OCALA LLC



Principal Place of Business Mailing Address
8011 SW 112TH PL RD 8011 SW 112TH PL RD
OCALA, FL 34476 Ocala, FL 34476

DO NOT WRITE IN THIS SPACE



03092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0494546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRENELL, TIMOTHY R
6011 SW 112TH PL RD
OCALA, FL 34476

**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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

000000467208
03/23/06 80042-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRENELL, TIMOTHY R 6011 SW 112TH PL RD OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Timothy Grenell Date: 3-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone if