


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jul 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000054393
1. Entity Name
COLORTONE OF OCALA LLC



Principal Place of Business: 6011 SW 112TH PL RD, OCALA, FL 34476
Mailing Address: 6011 SW 112TH PL RD, OCALA, FL 34476

DO NOT WRITE IN THIS SPACE



07022007 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

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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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRENELL, TIMOTHY R 6011 SW 112TH PL RD OCALA, FL 34476
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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: Tim Grenell 7-3-07 352 875 6058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #