2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90050 024 ****50.00

DOCUMENT # L04000000705

1. Entity Name
ORMOND FUNERAL PROPERTIES, LLC

Principal Place of Business	Mailing Address
1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176

04252007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	725 W Granada Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 48
City & State	City & State Ormond Beach, FL
Zip / Country	Zip 32174 / Country USA

4. FEI Number 59-3479181 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOHMAN, NANCY
1423 BELLEVUE AVE
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 4-26-07

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOHMAN, LOWELL	NAME	
STREET ADDRESS	1210 JOHN ANDERSON DR.	STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH, FL 32176	CITY ST ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOHMAN, NANCY	NAME	
STREET ADDRESS	1210 JOHN ANDERSON DR.	STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH, FL 32176	CITY ST ZIP	
TITLE	☐ Delete	TITLE	Mgr ☐ Change ☒ Addition
NAME		NAME	Lohman, Ty
STREET ADDRESS		STREET ADDRESS	5 Oak Wood Park
CITY ST ZIP		CITY ST ZIP	Ormond Beach, FL 32174
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

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: [signature] 4-26-07 386-615-1170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE #