

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90066 010 ****50.00

DOCUMENT # L04000013005			
1. Entity Name OCALA PIANO CONSERVATORY, L.L.C.			
Principal Place of Business 2052 N.W. 50TH CIRCLE OCALA FL 34482		Mailing Address 108 N. MAGNOLIA ST STE. 103A OCALA FL 34475	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



2nd MOORE CR2E083 (4/07)

4. FEI Number 65-1224091		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HAMMES, C. LESLIE 108 N. MAGNOLIS ST STE. 103A OCALA FL 34475		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAMMES, C. LESLIE 108 N. MAGNOLIA ST. STE 103A OCALA FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXECUTIVE DIRECTOR RICHARD HAMMES 2052 NW 50TH CIR OCALA, FL 34482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *C. Leslie Hammes* **C. LESLIE HAMMES** **26 AUG 07** **207 1461** **(352)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #