


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90034 020 \*\*\*138.75

<b>DOCUMENT # L04000013005</b> 1. Entity Name <b>OCALA PIANO CONSERVATORY, L.L.C.</b>					
Principal Place of Business <b>2052 N.W. 50TH CIRCLE OCALA, FL 34482</b>			Mailing Address <b>108 N. MAGNOLIA ST STE. 103A OCALA, FL 34475</b>		
2. Principal Place of Business - No P.O. Box # <b>108 N MAGNOLIA ST</b>		3. Mailing Address <b>2052 NW 50th Cir</b>			
Suite, Apt. #, etc. <b>103A</b>		Suite, Apt. #, etc.			
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL</b>		4. FEI Number <b>65-1224091</b>	
Zip <b>34475</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>34482</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HAMMES, C. LESLIE 108 N. MAGNOLIA ST STE. 103A OCALA, FL 34475</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>108 N. MAGNOLIA ST STE. 103A</b> City <b>OCALA</b> FL <b>34475</b>		
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 <i>WLS</i> <span style="float: right;">DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
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	ED HAMMES, RICHARD 2052 NW 50TH CIR OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>C Leslie Hammes</i> <span style="float: right;">24 April 2008</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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