

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022578

Entity Name: OLD TOWN CONDO, LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

3630 SW 24TH STREET
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

3630 SW 24TH STREET
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 20-1118573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDGETT, DAVID E ESQ
1521 SE 36TH AVE
SUITE 2
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORELOCK, TOMMY
Address: 3630 SW 24TH ST
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: LEGO, DAVID
Address: 172 IVY LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: MCDONALD, KEVIN
Address: 2118 SW 20TH PLACE
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: SMITH, MARTY
Address: 526 SE 39TH TERRANCE
City-St-Zip: Ocala, FL 34471

Title: MGRM () Delete
Name: SMITH, GLENN
Address: 208 NORTHSIDE DRIVE
City-St-Zip: MADISON, TN 37115

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TOMMY MORELOCK

MGRM

04/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date