
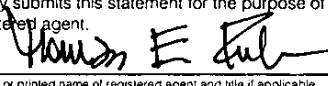
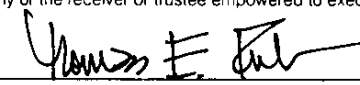


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90041 033 \*\*\*138.75

<b>DOCUMENT # L04000047969</b> 1. Entity Name TD PROPERTIES OF OCALA, LLC					
Principal Place of Business 950 NE 51ST AVENUE OCALA, FL 34470 US			Mailing Address 950 NE 51ST AVENUE OCALA, FL 34470 US		
2. Principal Place of Business - No P.O. Box # <b>1701 NE 42ND AVE</b>		3. Mailing Address <b>1701 NE 42ND AVE</b>			
Suite, Apt. #, etc. <b>Unit 101</b>		Suite, Apt. #, etc. <b>Unit 101</b>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1298688</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  KING, WILLIAM ALLAN 1531 SE 36TH AVENUE OCALA, FL 34471				7. Name and Address of New Registered Agent Name <b>THOMAS E. RHODES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1290 SE 91ST PLACE</b> City <b>OCALA</b> FL Zip Code <b>34480</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:  DATE: <b>4/4/08</b> <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</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ASHER TILGHMAN, INC. 950 NE 51ST AVENUE OCALA, FL 34470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STAUSS, DON H JR 6184 NE 69TH STREET SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<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:  DATE: <b>4/04/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		