

FILED
Jun 14, 2005 8:00 am
Secretary of State

04-29-2005 90040 032 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000055227			
1. Entity Name MEADOWBROOK OFFICE ONE, LLC			
Principal Place of Business 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471		Mailing Address 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 76-0764993		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYD, ROY T III 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471 <i>Manager</i>		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 _____ (NOTE: Registered Agent signature required when representing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME <i>ROY T. BOYD, III</i> ☐ Delete STREET ADDRESS <i>1700 SE 17th Street, #300</i> CITY-ST-ZIP <i>OCALA, FL 34471</i>		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 808, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		4-18-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	