

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000061235

FILED
Oct 13, 2005
Secretary of State

Entity Name: V.B. INVESTMENTS OF OCALA, LLC

Current Principal Place of Business:

707 SOUTH WASHINGTON BOULEVARD
SARASOTA, FL 34236

New Principal Place of Business:

1800 SW COLLEGE ROAD
OCALA, FL 34474

Current Mailing Address:

707 SOUTH WASHINGTON BOULEVARD
SARASOTA, FL 34236

New Mailing Address:

1800 SW COLLEGE ROAD
OCALA, FL 34474

FEI Number: 06-1732112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TOSCH, JOHN E ESQ
707 SOUTH WASHINGTON BOULEVARD
SARASOTA, FL 34236 US

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: JOHN E TOSCH ESQ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: BUCHANAN, VERNON
Address: 707 SOUTH WASHINGTON BLVD
City-St-Zip: SARASOTA, FL 34236

Title: MR () Change (X) Addition
Name: MOORE, THOMAS
Address: 1800 SW COLLEGE ROAD
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS MOORE

MR

10/13/2005

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