

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90183 014 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                  |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000062489</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                 |                                                                              |
| 1. Entity Name<br>OCALA PROPERTIES OF MARION COUNTY, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                  |                                                                              |
| Principal Place of Business<br>707 NORTHEAST 25TH AVENUE<br>OCALA, FL 34470                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Mailing Address<br>707 NORTHEAST 25TH AVENUE<br>OCALA, FL 34470                                                                  |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | 3. Mailing Address                                                                                                               |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Suite, Apt. #, etc.                                                                                                              |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | City & State                                                                                                                     |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                         | Zip                                                                                                                              | Country                                                                      |
| 6. Name and Address of Current Registered Agent<br><br>SEYLER, EDWARD K<br>707 NORTHEAST 25TH AVENUE<br>OCALA, FL 34470                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                  |                                                                              |
| Filing Fee is \$50.00<br>Due by September 7, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | Make check payable to<br>Florida Department of State                                                                             |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 10. ADDITIONS/CHANGES                                                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 608, Florida Statutes. |                                 |                                                                                                                                  |                                                                              |
| SIGNATURE: <i>Edward K Seyler</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 15-5-05 352<br>1843-6160                                                                                                         |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Date Daytime Phone #                                                                                                             |                                                                              |

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05052005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1555354** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required