## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Mar 08, 2005 8:00 am Secretary of State **DOCUMENT # L04000088439** 02-09-2005 90159 015 \*\*\*\*55.00 1. Entity Name EAST SILVER SPRINGS, LLC Principal Place of Business Mailing Address OBHULLAR 537 S.E. 15TH AVENUE 537 S.E. 15TH AVENUE **OCALA, FL 34471** OCALA, FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 59-3790833 Not Applicable Ζiρ Country Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame ELLISON, DENVER L **537 S.E. 15TH AVENUE** Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34471 Zip Code 9. 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 Signature, typed or priving name of registered agent and title if applicable. · · TO DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TILLE mar ☐ Change ☐ Addition Denver L Ellison ☐ Delicte TITLE MAKE NUME 537 SE 15 Ave Ocala, FL 3447 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TV\_S7\_70 TITLE Octeto TITLE ☐ Addition ☐ Chance NAME XALIF STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZEP HILE ☐ Delete TITLE Change ☐ Addidon NAME MANE STREET ADDRESS STREET ADDRESS CITY-51-29 CITY-51-ZP THLE Delch TITLE Change ☐ Addition MARKET MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete गπ∟E Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP IIILE Oeleta IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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(3Xi). 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 eath; 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.

FILED

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