

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011969

Entity Name: JKL OCALA DEVELOPMENT, LLC

FILED  
Jan 09, 2006  
Secretary of State

**Current Principal Place of Business:**

101 SOUTH MAIN STREET, SUITE 305-C  
CLINTO, TN 37716

**New Principal Place of Business:**

5510 WALLWOOD ROAD  
KNOXVILLE, TN 37912

**Current Mailing Address:**

101 SOUTH MAIN STREET, SUITE 305-C  
CLINTO, TN 37716

**New Mailing Address:**

5510 WALLWOOD ROAD  
KNOXVILLE, TN 37912

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

INGLIS, JOHN S ESQ  
101 E KENNEDY BLVD., SUTE 2800  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOORE, JOHN G III  
Address: 101 SOUTH MAIN STREET, SUITE 305-C  
City-St-Zip: CLINTON, TN 33716

Title: MGRM ( ) Delete  
Name: BORRICK, LINDA  
Address: 41 CANDLE TERRACE  
City-St-Zip: ORINDA, CA 94563

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOORE, JOHN G III  
Address: 5510 WALLWOOD ROAD  
City-St-Zip: KNOXVILLE, TN 37912

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN G. MOORE III

MGR

01/09/2006

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