2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State
04-28-2006 90009 006 ****50.00

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1. Entity Name
301/42, LLC

30009350

04252006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
~~16611 SE 58TH AVENUE~~	16611 SE 58TH AVENUE
~~SUMMERFIELD, FL 34491~~	SUMMERFIELD, FL 34491

2. Principal Place of Business	3. Mailing Address
1700 SE 17th Street	1700 SE 17th Street
Suite, Apt. #, etc.: Suite #300	Suite, Apt. #, etc.: Suite #300
City & State: Ocala FL	City & State: Ocala, FL
Zip: ~~FL~~ 34471 Country: USA	Zip: 34471 Country: USA

4. FEI Number: 20-2518779 ☐ 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 SE 17TH STREET, SUITE 300
OCALA, FL 34471

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 Roy Thad Boyd III 4-24-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Roy Thad Boyd, III 1700 SE 17th Street #300 Ocala, FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Roy Thad Boyd III 4-24-06 352-861-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #