


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90167 001 \*\*\*\*50.00

<b>DOCUMENT # L05000022163</b>					
<b>1. Entity Name</b> OCALAHOUSES.COM LLC					
<b>Principal Place of Business</b> PO BOX 830146 OCALA, FL 34483 US			<b>Mailing Address</b> PO BOX 830146 OCALA, FL 34483 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 126 Locust Run		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Ocala, FL		<b>City &amp; State</b> -		<b>4. FEI Number</b> 86-1140519	
<b>Zip</b> 34472		<b>Country</b> United States		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RISLEY, CAREN L 5455 SE MARICAMP RD OCALA, FL 34480			<b>7. Name and Address of New Registered Agent</b> Name Caren L Risley Street Address (P.O. Box Number is Not Acceptable) 126 Locust Run City Ocala FL Zip Code 34472		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> RISLEY, CAREN L MGR <b>STREET ADDRESS</b> 5455 SE MARICAMP RD <b>CITY-ST-ZIP</b> OCALA, FL 34480	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Caren L Risley MGR <b>STREET ADDRESS</b> 126 Locust Run <b>CITY-ST-ZIP</b> Ocala, FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date _____ Daytime Phone # 352-694-4080		