


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90131 030 ****55.00

DOCUMENT # L05000043219 1. Entity Name RESIDENTIAL MAINTENANCE OF MARION COUNTY, LLC			
Principal Place of Business P.O. BOX 433 CITRA, FL 32113 US		Mailing Address P.O. BOX 433 CITRA, FL 32113 US	
2. Principal Place of Business MARION COUNTY Suite, Apt. #, etc.		3. Mailing Address CITRA FL P.O. Box 433 Suite, Apt. #, etc.	
City & State OCALA Florida		City & State CITRA FL	
Zip 32113		Zip 32113	
Country MARION		Country MARION	
4. FEI Number 20-2775660		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PACIFICI, RONALD 3550 161ST PLACE CITRA, FL 32113		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3550 NE 161st PL 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 <u><i>Ronald A. Pacifici</i></u> DATE <u>2-13-06</u> <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 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	MGRM PACIFICI, RONALD 3550 161ST PLACE CITRA, FL 32113	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3550 NE 161st PL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGRM PACIFICI, JAMES A 3550 NE 161st PL CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Ronald A. Pacifici</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>2-13-06</u> Daytime Phone #	