

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000046669

1. Entity Name  
RMM OCALA, L.L.C.



Principal Place of Business  
2601 TECHNOLOGY DRIVE  
ORLANDO, FL 32804

Mailing Address  
2601 TECHNOLOGY DRIVE  
ORLANDO, FL 32804



01082007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3796633

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MUNNS, RULON  
2601 TECHNOLOGY DRIVE  
ORLANDO, FL 32804

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MUNNS, RANIER  
2601 TECHNOLOGY DRIVE  
ORLANDO, FL 32804

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MUNNS, RULON  
2601 TECHNOLOGY DRIVE  
ORLANDO, FL 32804

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000583604  
01/12/07-80002-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #