2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (A系)

Jun 08, 2006 8:00 am Secretary of State 5/: **DCCUMENT # L05000050188** 1. Entity Name 05-01-2006 90039 034 ****55.00 THEOAKSCOUNTRYINNLLC Principal Place of Business Mailing Address C/O R. HARRISON 8811 SW 116 ST RD OCALA FL 34481 C/O R. HARRISON 8811 SW 116 ST RD OCALA FL 34481 03050632 2. Principal Place of Business 3. Mailing Address Suite, Apl. #. etc. Suite, Apt. #, etc. Applied For City & State 4 FEI Number 56 25209 29 City & State Not Applicable \$5.00 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEGAL ZOOM NEVADA, INC. Street Address (P.O. Box Number is Not Acceptable) 44 W. FLAGLER STREET **SUITE 675** MIAMI FL 33130 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. Signeture, typed or printed name of registered agent into title at applicable (NOTE: Registered Agent signature required when teinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS / CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE ☐ Change RILE MGRM ☐ Defete Addition | NAME HARRISON, ROBERT A NAME STREET ADORESS STREET ADDRESS 8811 SW 116 ST RD CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34481 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Defete TILE Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-2IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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FIN	Internal Revenue Service	The Digital
•	DEPARTMENT OF THE TREASURY	Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number: 20-3050632

Today's Date is: June 24, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4

Fill Out Another Form SS-4

Click <u>here</u> to return to the Internet Employer Identification Number landing (start) page.