

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062110

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: ECCLESTONE SIGNATURE HOMES OF OCALA, LLC

## Current Principal Place of Business:

8895 NORTH MILITARY TRAIL  
SUITE 101B  
PALM BEACH GARDENS,, FL 33410 US

## New Principal Place of Business:

## Current Mailing Address:

8895 NORTH MILITARY TRAIL  
SUITE 101B  
PALM BEACH GARDENS,, FL 33410 US

## New Mailing Address:

FEI Number: 20-3048287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ECCLESTONE, E. LLWYD III  
8895 NORTH MILITARY TRAIL  
SUITE 101B  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ECCLESTONE, E. LLWYD III  
Address: 8895 NORTH MILITARY TRAIL, STE 101B  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM ( ) Delete  
Name: RAPAPORT, JONATHAN  
Address: 8895 N MILITARY TRAIL SUITE 101B  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Delete  
Name: ANDERSON, SCOTT  
Address: 8895 N MILITARY TRAIL 101B  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Delete  
Name: WEISS, CATHERINE J  
Address: 8895 N MILITARY TRAIL SUITE 101B  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Delete  
Name: PIRETTI, ROSANNE  
Address: 8895 N MILITARY TRAIL SUITE 101B  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: PIERCE, MARY  
Address: 8895 N MILITARY TRAIL SUITE 101B  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY PIERCE

MGR

04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date