


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90062 020 \*\*\*138.75

<b>DOCUMENT # L05000065100</b> 1. Entity Name 301/466, LLC					
Principal Place of Business 16 SE BROADWAY ST. OCALA, FL 34471			Mailing Address 16 SE BROADWAY ST. OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3124353	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  GOODING, W. JAMES III ESQ 1531 SE 36TH AVENUE OCALA, FL 34471				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREK, ALBERT B 1111 NE 35 AVE., #102 OCALA, FL 34470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	16 SE Broadway Street Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOONE, KIRK 1111 NE 25 AVE., #102 OCALA, FL 34470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	16 SE Broadway Street Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
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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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>Apr 28, 2008</u> Daytime Phone #: <u>(352) 732-5255</u>		

60004531



01222008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable