

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071924

Entity Name: MARION LAND PARTNERS, LLC

FILED  
Feb 15, 2006  
Secretary of State

## Current Principal Place of Business:

1805 SE 16TH AVE  
#101  
OCALA, FL 34471

## New Principal Place of Business:

3912 NE 21ST LANE  
OCALA, FL 34470

## Current Mailing Address:

1805 SE 16TH AVE  
#101  
OCALA, FL 34471

## New Mailing Address:

3912 NE 21ST LANE  
OCALA, FL 34470

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KASPAR, JOHN A  
1805 SE 16TH AVE  
#101  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

LEONARDO, STACY L  
3912 NE 21ST LANE  
OCALA, FL 34470 US

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: STACY L LEONARDO

02/15/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KASPAR, JOHN A  
Address: 1805 SE 16TH AVE  
City-St-Zip: OCALA, FL 34471 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KASPAR, TRACI L  
Address: 1808 SE 32ND LANE  
City-St-Zip: OCALA, FL 34471 US

Title: MGRM ( ) Change (X) Addition  
Name: LEONARDO, STACY L  
Address: 3912 NE 21ST LN  
City-St-Zip: OCALA, FL 34470

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: TRACI L KASPAR

MGRM

02/15/2006

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