

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90072 008 ****50.00

DOCUMENT # L05000083236 1. Entity Name WILLOW CREEK OF OCALA, L.L.C.					
Principal Place of Business 13161 S.W. 2ND COURT OCALA, FL 34473			Mailing Address 13161 S.W. 2ND COURT OCALA, FL 34473		
2. Principal Place of Business 1850 SW 20th Place Suite, Apt. #, etc.			3. Mailing Address 1850 SW 20th Place Suite, Apt. #, etc.		
City & State Ocala, FL Zip 34474			City & State Ocala, FL Zip 34474		
Country USA			Country USA		
4. FEI Number 20-3360345			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BERTOCH, CARLA 7655 WEST GULF TO LAKE HIGHWAY, SUITE 13 CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUTAPFEL, JEFF 13181 S.W. 2ND COURT OCALA, FL 34473	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

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