

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

05-17-2007 90175 037 ****50.00

08-10-2007 90015 036 ****50.00

DOCUMENT # L05000109772	
1. Entity Name SEELEY OCALA, LLC	



Principal Place of Business C/O MICHAEL C. FOLEY 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756	Mailing Address C/O MICHAEL C. FOLEY 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756
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60004400

2. Principal Place of Business - No P.O. Box # 11759 Ashley Court	3. Mailing Address 11759 Ashley Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State Seminole, FL	City & State Seminole, FL
Zip 33772	Country USA
Zip 33772	Country USA

07122007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent HARRIS, MARSHALL S 3005 STATE ROAD 590, SUITE 200 CLEARWATER, FL 33759-2539	
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7. Name and Address of New Registered Agent	
Name Donald Seeley	
Street Address (P.O. Box Number is Not Acceptable) 11759 Ashley Court	
City Seminole	FL 33772

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 <i>Donald M. Seeley</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Donna M Seeley</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE 8-7-2007

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEELEY, DONALD C/O 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Seeley, Donald 11759 Ashley Court Seminole, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEELEY, DONNA C/O 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Seeley, Donna 11759 Ashley Court Seminole, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete	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 <i>Donna M Seeley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 8-7-2007 <small>Daytime Phone #</small>