

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053524

Entity Name: APH OCALA, L.L.C.

FILED  
Mar 19, 2009  
Secretary of State

**Current Principal Place of Business:**

4930 NW 20TH DRIVE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

5583 SW 39 ST  
OCALA, FL 34474

**Current Mailing Address:**

4930 NW 20TH DRIVE  
GAINESVILLE, FL 32605

**New Mailing Address:**

5583 SW 39 ST  
OCALA, FL 34474

FEI Number: 34-2064537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOYOS, ALEX  
4930 NW 20TH DRIVE  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

HOYOS, ALEX  
5583 SW 39 ST  
OCALA, FL 34474 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:

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOYOS, PAULA  
Address: 4930 NW 20TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: HOYOS, ALEX  
Address: 4930 NW 20TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOYOS, PAULA  
Address: 5583 SW 39 ST  
City-St-Zip: OCALA, FL 34474

Title: MGRM (X) Change ( ) Addition  
Name: HOYOS, ALEX  
Address: 5583 SW 39 ST  
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify 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: PAULA HOYOS

MGRM

03/19/2009

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