

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058006

Entity Name: 328/41, LLC

FILED  
Jan 22, 2007  
Secretary of State

**Current Principal Place of Business:**

2300 SOUTH PINE AVE.  
OCALA, FL 34471

**New Principal Place of Business:**

4260 NE 35 STREET  
OCALA, FL 34479 US

**Current Mailing Address:**

2300 SOUTH PINE AVE.  
OCALA, FL 34471

**New Mailing Address:**

4260 NE 35 STREET  
OCALA, FL 34479 US

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

GOODING, W. JAMES III, ESQ  
1531 SE 36TH AVE.  
OCALA, FL 34471 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      VANDEVEN, HARVEY  
Address:                      4260 NE 35 STREET  
City-St-Zip:                      Ocala, FL 34479 US

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: HARVEY VANDEVEN                                      MGR                                      01/22/2007

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