

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061057

FILED
Feb 12, 2007
Secretary of State

Entity Name: OCALA VENTURES ONE, LLC

Current Principal Place of Business:

154 LAWN AVE.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

154 LAWN AVE.
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

154 LAWN AVE.
ST. AUGUSTINE, FL 32084

New Mailing Address:

154 LAWN AVE.
ST. AUGUSTINE, FL 32084 US

FEI Number: 20-8406913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVENPORT, GARY B
5203 JOHN ANDERSON HIGHWAY
FLAGLER BEACH, FL 32137 US

Name and Address of New Registered Agent:

KILLEBREW, JESSE P MR
154 LAWN AVENUE
ST. AUGUSTINE, FL 32084 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: JESSE KILLEBREW

02/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KILLEBREW, JESSE
Address: 154 LAWN AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KILLEBREW, JESSE P MR
Address: 154 LAWN AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM () Change (X) Addition
Name: BRAREN, MIKE MR
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32224 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: JESSE KILLEBREW

MGMR

02/12/2007

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