## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061057

Entity Name: OCALA VENTURES ONE, LLC

**FILED** Feb 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

154 LAWN AVE 154 LAWN AVE.

ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 US

**Current Mailing Address: New Mailing Address:** 

154 LAWN AVE 154 LAWN AVE

ST. AUGUSTINE, FL 32084 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: Name and Address of New Registered Agent:

DAVENPORT, GARY B KILLEBREW, JESSE P MR 5203 JOHN ANDERSON HIGHWAY 154 LAWN AVENUE

ST. AUGUSTINE, FL 32084 US FLAGLER BEACH, FL 32137

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: ADDITIONS/CHANGES:

( ) Delete MGR Title: MGRM (X) Change ( ) Addition

KILLEBREW, JESSE KILLEBREW, JESSE P MR Name: Name:

Address: 154 LAWN AVE Address: 154 LAWN AVE. ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 US

City-St-Zip: City-St-Zip:

( ) Change (X) Addition Title: Title: MGRM () Delete Name: Name: BRAREN, MIKE MR

Address: Address: 4315 PABLO OAKS COURT, SUITE 1

City-St-Zip: 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 Statutés. 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