2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 21, 2007 8:00 am DOCUMENT # L06000063789 **Secretary of State** 1. Entity Name 03-21-2007 90160 016 ****55.00 MCH OF MARION, LLC Principal Place of Business Mailing Address 5858 NW 80TH AVENUE OCALA FL 34482 5858 NW 80TH AVENUE OCALA FL 34482 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) 4. FEI Number 20 - 83 Applied For City & State City & State Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARNEY, FRED Street Address (P.O. Box Number is Not Acceptable) 5858 NW 80TH AVENUE OCALA FL 34482 Zip Code City 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 Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstiting) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 11111 MGRM ☐ Delete 31111 Change □ Addition MURIEL C. HARNEY RUAD 5858 NW SOTH. AUE. RUAD OCATA FI. 34482 NAM NAME STINELE ADDRESS STREET ADDRESS CRY-SI-ZIP CHY S1-7IP Addition ☐ Change 1911) ☐ Delete NAMI. STREET ADDRESS STREET ADDRESS CITY+ST ZIP CHY ST-ZIP HILL ☐ Delete HILL ☐ Change Addition NAM NAMI STREET LADDERSS STREET ADDRESS City SI-7f2 ☐ Defete Change ■ Addition HIII. STREET ADDRESS STREET ADDRESS CITY ST-7P CITY ST ZIP ☐ Change Addition ☐ Delete 1010 HILF NAME NAME STREET LADORESS STREET ADDRESS CHY ST-ZIP CHY SL ZIP ☐ Delete ☐ Change ■ Addition NAME STRUET ADDRESS STRLET ADDRESS CHY ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daylime Phone #