2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069442

9 OAK DRIVE

City-St-Zip: OCALA, FL 34472

Address:

Entity Name: OLD TOWN VILLAGE PARTNERS, LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
2801 SE 1	ST AVENUE			
402	0.4.7.4			
OCALA, FI	_ 344/1			
Current Mailing Address:			New Mailing Address:	
P. O. BOX OCALA, FI				
FEI Number:	20-5201258	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
EHLERS, I 1803 SE 8: OCALA, FI	5TH ST RD	6		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both
SIGNATUR	RE:			
	Electro	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR (LANDRY, WEN 2720 SE 28TH OCALA, FL 34	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR (EHLERS, BRIA P.O. BOX 6978 OCALA, FL 34	3	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	RACHEL, ANNI 6551 CENTRA		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGR () Delete	Title:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: BRIAN EHLERS MGRM 04/30/2008