2009 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, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ST AVENUE		·		
402	017000				
OCALA, F	L 34471				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P. O. BOX OCALA, F			P. O. BOX 6978 OCALA, FL 34478	US	
FEI Number	: 20-5201258	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
OCALA, F	5TH ST RD L 34480 US named entity su	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both	
in the State	e of Florida.				
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () [LANDRY, WEND 2720 SE 28TH S OCALA, FL 3447	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR ()[EHLERS, BRIAN P.O. BOX 6978 OCALA, FL 3448	Delete 30	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR ()[RACHEL, ANNET 6551 CENTRAL A ST. PETERSBUR	₩E	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 MGR 04/30/2009