

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000085752

1. Entity Name
OAK RIDGE BUSINESS PARTNERS, LLC



Principal Place of Business

**2437 SE 17TH STREET
SUITE 102
OCALA, FL 34471 US**

Mailing Address

**2437 SE 17TH STREET
SUITE 102
OCALA, FL 34471 US**

DO NOT WRITE IN THIS SPACE



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0620922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**R. WILLIAM FUTCH, PA
610 SE 17TH STREET
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EHLERS, HENRY A
2437 SE 17TH STREET, #102
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GLASSMAN, JEROME
2437 SE 17TH STREET, #102
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000852216
03/26/08-80019-013 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Henry A. Ehlert, Manager **3-5-08 (352) 34-3611**