

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043818

FILED
Jun 23, 2008
Secretary of State

Entity Name: THE IVY HOUSE OF ALACHUA LLC

Current Principal Place of Business:

14603 MAIN STREET
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

6830 NW 40TH DRIVE
GAINESVILLE, FL 32653 US

New Mailing Address:

106 NW MAIN STREET
WILLISTON, FL 32696 US

FEI Number: 30-0391276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEPUE, KRAIG A
6830 NW 40TH DRIVE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

BEAUCHAMP, ROBERT J
105 SE 1ST STREET
CHIEFLAND, FL 32626 US

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: ROBERT J BEAUCHAMP

06/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: DEPUE, KRAIG A
Address: 6830 NW 40TH DRIVE
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGRM () Delete
Name: NUSSEL, EVELYN
Address: 106 NW MAIN STREET
City-St-Zip: WILLISTON, FL 32696 US

Title: MGRM () Delete
Name: HUGGINS, WAICA M
Address: 106 NW MAIN STREET
City-St-Zip: WILLISTON, FL 32696 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: NUSELL, EVELYN
Address: 106 NW MAIN STREET
City-St-Zip: WILLISTON, FL 32696 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: EVELYN NUSELL

MGRM

06/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date