

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045980

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: FIVE STAR MANAGEMENT OF OCALA, LLC

**Current Principal Place of Business:**

4715 SE 50TH PLACE  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

805 S. MAGNOLIA AVE. SUITE D  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANSELM, MIKE  
4715 SE 50TH PLACE  
OCALA, FL 34480 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEIN, JOE  
Address: 2375 NE 25TH AVE.  
City-St-Zip: OCALA, FL 34470

Title: MGRM ( ) Delete  
Name: ANSELM, MIKE  
Address: 4715 SE 50TH PLACE  
City-St-Zip: OCALA, FL 34480

Title: MGRM (X) Delete  
Name: GILLIAM, JEREMY  
Address: 11 HEMLOCK RADIAL DR.  
City-St-Zip: OCALA, FL 34472

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEIN, JOE  
Address: 49 PECAN RUN HARBOR  
City-St-Zip: OCALA, FL 34472

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

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: MIKE ANSELM

MGRM

02/18/2009

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