

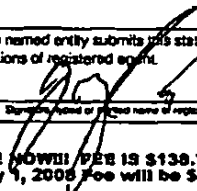
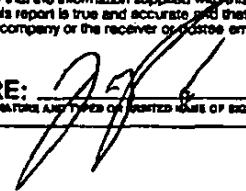
FILED
May 27, 2008 8:00 am
Secretary of State

03-21-2008 90119 025 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

3/

30007563

DOCUMENT # L07000112172			
1. Entity Name DOUGLAS OF MARION, LLC			
Principal Place of Business 1720 S.E. 16TH AVE., BLDG. 200 OCALA, FL 34471		Mailing Address 1720 S.E. 16TH AVE., BLDG. 200 OCALA, FL 34471	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-1374975		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAINES, TIM D 125 N.E. FIRST AVENUE, SUITE 1 OCALA, FL 34470		7. Name and Address of New Registered Agent Ray T. Boyd III 1720 SE 16th Ave, #200 Ocala, FL 34471	
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: 		DATE: 2-18-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75		Pay to the order of Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ray T. Boyd III 1720 SE 16th Ave. #200 Ocala, FL 34471 ☐ Delete Manager	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE: 2-18-08 352-861-2248	