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

03-21-2008 90119 025 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000112172

1. Entity Name
DOUGLAS OF MARION, LLC

30007563

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

02082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
Name Roy T. Boyd III
Street Address (P.O. Box Number is Not Acceptable)
1720 SE 16th Ave., #200
City Ocala FL Zip Code 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 [signature] 2-18-08
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

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Roy T. Boyd III, 1720 SE 16th Ave. #200, Manager, Ocala, FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Roy T. Boyd III 2-18-08 352-861-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #