

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006915

FILED
Feb 01, 2009
Secretary of State

Entity Name: PERFORMING ARTS CONSERVATORY OF OCALA, LLC

Current Principal Place of Business:

1750 N.E. 49TH STREET
OCALA, FL 34479 US

New Principal Place of Business:

819 S.E. FIRST TERRACE
OCALA, FL 34471 US

Current Mailing Address:

P.O. BOX 207
OCALA, FL 34478 US

New Mailing Address:

819 S.E. FIRST TERRACE
OCALA, FL 34471 US

FEI Number: 26-1856044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STENTIFORD, WILLIAM P
1750 N.E. 49TH STREET
OCALA, FL 34479 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: W. PAUL AND DEANNA S, TENTIFORD, TBE
Address: 1750 N.E. 49TH STREET
City-St-Zip: OCALA, FL 34479 US

Title: MGRM () Delete
Name: WARREN AND CONNIE GR, IFFIS, TBE
Address: 15163 S.E. 73RD AVENUE
City-St-Zip: SUMMERFIELD, FL 34492 US

Title: MGRM () Delete
Name: ADAM AND LISA LOMBAR, DO, TBE
Address: 4822 S.E. 33RD STREET
City-St-Zip: OCALA, FL 34480 US

Title: MGRM () Delete
Name: KEVIN AND JANINA CRA, MPTON, TBE
Address: 12662 N.W. 160TH AVENUE
City-St-Zip: MORRISTON, FL 32668 US

Title: MGRM () Delete
Name: THOMAS AND ERIN BUSS, , TBE
Address: 1314 S.E. 16TH STREET
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES:

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

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

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

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: WILLIAM P. STENTIFORD

MGRM

02/01/2009

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