

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049601

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: FORECLOSED PROPERTIES OF OCALA, LLC

**Current Principal Place of Business:**

1740 EAST SILVER SPRINGS BLVD.  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1740 EAST SILVER SPRINGS BLVD.  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 26-2651726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLANCHARD, DOCK A ESQ.  
4 S.E. BROADWAY  
OCALA, FL 34471 US

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

PLUNKETT, KATHLEEN  
1740 E SILVER SPRINGS BLVD  
OCALA, FL 34470 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: KATHLEEN PLUNKETT

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PLUNKETT, KATHLEEN  
Address: 1740 EAST SILVER SPRINGS BLVD.  
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PLUNKETT, KATHLEEN  
Address: 1740 EAST SILVER SPRINGS BLVD.  
City-St-Zip: OCALA, FL 34471

Title: MGR ( ) Change (X) Addition  
Name: ADAMS, DANIEL E  
Address: P.O. BOX 770972  
City-St-Zip: OCALA, FL 34477 US

Title: MGR ( ) Change (X) Addition  
Name: PLUNKETT, KEVIN B  
Address: P.O. BOX 770774  
City-St-Zip: OCALA, FL 34477 US

Title: MGR ( ) Change (X) Addition  
Name: PLUNKETT, MICHAEL T  
Address: P.O. BOX 2521  
City-St-Zip: OCALA, FL 34478 US

Title: MGR ( ) Change (X) Addition  
Name: PLUNKETT, PATRICK J  
Address: P.O. BOX 4456  
City-St-Zip: OCALA, FL 34478 US

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: KATHLEEN PLUNKETT

MGRM

04/20/2009

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