2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064524

Address:

City-St-Zip:

Entity Name: VARDEM PARTNERS OF OCALA, LLC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2505 SW COLLEGE RD OCALA, FL 34474 **Current Mailing Address: New Mailing Address:** 2505 SW COLLEGE RD OCALA, FL 34474 FEI Number: 26-3126083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEMETRIADIS, JOHN 2505 SW COLLEGE RD OCALA, FL 34474 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: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition DEMETRIADIS, JOHN DEMETRIADIS, JOHN MANAGER Name: Name: Address: 1145 DARTFORD DR Address: 3001 S.W. 24TH AVE APT 201 City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: OCALA, FL 34471 Title: Title: () Change (X) Addition () Delete Name: Name: VARVARIS, KONSTANTINE MEMBER Address: Address: 120 W 58TH STR City-St-Zip: City-St-Zip: N.Y., N. 10019 Title: () Delete Title: () Change (X) Addition DEMETRIADIS, CONSTANTINE MEMBER Name: Name: 3001 S.W. 24TH AVE. APT 201

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.

Address:

City-St-Zip:

OCALA, FL 34471

SIGNATURE: JOHN DEMETRIADIS 04/15/2009