FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

APPROVED

1797 JAN 27 PM 3: 02

			DIVISION OF COR			and a mid-set	
FILING I	FEE Anni	ual Report \$100.00 + \$103.	.75 Corporation Supplem	ental Fee	SECRETA	RY OF STATE	
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					TALLAHA:	SSEE. FLORIDA	
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9500000073							
OCALA OPEN AIR, LIMITED COMPANY					1a. Principal Place of Business Address		
59	0 RINEHART	ROAD BLDG.		590	90 RINEHART ROAD BLDG. A		
LAKE MARY FL 32746					MARY FL 32		
If above m	nailing address is incorrect in	n any way, line through incor	rect information and enter cr	prection in Block 2a.			
			a. Mailing Address		e Organized or Qualified	3a. State of Formation	
					3/1995	FL	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.		Number	Applied For	
City & State		City &	City & State		303185		
-			,		of Last Report	Not Applicable 6. Certificate of Status Desired	
Zıp	Country	, Zip	Coun	ntry	•		
					1/1996	SB /n Art Quant Fee Requires	
	7. Name and Add	iress of Current Register	red Agent	8. Name and Address of New Registered Agent			
TLEMIN	NG, DAVID L	.1		Name O P A i C	u Rau	4	
913 GO	JLF BREEZE	PARKWAY UNI	т 6	CRAIG M. BAY HI Street Address (P.O. Box Number is Not Acceptable)			
CULF B	BREEZE FL 3	2561			590 RINEHART ROMP		
				Sulte, Apt. #, etc.	ulte, Apt. #, etc.		
	•						
				LAKE MA	124 FL	Zip Code 327 46	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment							
as registeri	red agent, and accept the	e obligations.	٨.				
SIGNATUR			La. V.		DATE 14.	ا ۱۹۹۳ کے بیدیمی	
$\overline{}$	(Regist	tered Agent Accepting Appointment)) (NOTE Registered Agent signat	ure required when reinstating)	DATE		
10. Title		tered Agent Accepting Appointment) embers/Managers		ure required when reinstating) ness Street Address		, Stale and Zip Code	
10. Title						r, State and Zip Code	
10. Title						r, State and Zip Code	
1CRM		embers/Managers	Busin		City	SBAR FL	
1GRM B	Managing Me	embers/Managers WID L	913 GULF DI 590 RINEHAI	ness Street Address	ST CULF DR	SBAR FL	
1GRM B	Managing Me FLEMING, DA BAYHI, CRAI	embers/Managers WID L	913 GULF DI 590 RINEHAI	REBUE PARKWAY RT ROAD BLDG.	ST CULF DR	BEZE FL RY FL	
1GRM B	Managing Me FLEMING, DA BAYHI, CRAI	embers/Managers WID L	913 GULF DI 590 RINEHAI	REBUE PARKWAY RT ROAD BLDG. 4TH STREET	ST CULF DR. A LAKE MA. NIAMI S	BEZE FL RY FL	
1GRM B	Managing Me FLEMING, DA BAYHI, CRAI	embers/Managers WID L	913 GULF DI 590 RINEHAI	REBUE PARKWAY RT ROAD BLDG. 4TH STREET	ST CULF DR. A LAKE MA. NIAMI S	BEKE FL RY FL HORES FL	

indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

- CRAIG M. BAYHI