

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90046 005 ****50.00

DOCUMENT # L96000000548

1. Entity Name
CARRIAGE HOUSE OF OCALA, L.C.



Principal Place of Business
**714 S.E. 22ND AVENUE
OCALA, FL 34471 US**

Mailing Address
**714 S.E. 22ND AVENUE
OCALA, FL 34471 US**

60061066



2. Principal Place of Business
**11311 SW 95 CIRCLE
Suite, Apt. #, etc.**

3. Mailing Address
**11311 SW 95 CIRCLE
Suite, Apt. #, etc.**

03272006 Chg-LLC CR2E083 (11/05)

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number
65-0666576

Applied For
Not Applicable

Zip
34481

Country
USA

Zip
34481

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAINES, TIM D
125 NE 1ST AVE
SUITE 1
OCALA, FL 34470**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NATIONAL RETIREMENT DEVELOPMENT COMPANY
714 S.E. 22ND AVENUE
OCALA, FL** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**11311 SW 95 CIRCLE
OCALA FL 34481** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Arthur Rodas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/5/06 (352)
861-
2504