2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED 8/24
99 AUG 23 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE $ 588.75	Annual Report $100.00 + $68.75 Corporation Supplemental Fee + $400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000000549

THE SHADY ROAD LLC
~~2141 N.E. 2ND STREET~~
~~OCALA FL 34470~~

1a. Principal Place of Business Address

~~2141 N.E. 2ND STREET~~
~~OCALA FL 34470~~

2 Principal Place of Business	2a. Mailing Address
3019 SW 27TH AVENUE	3019 SW 27TH AVENUE
Suite, Apt. #, etc.: SUITE 102	Suite, Apt. #, etc.: SUITE 102
City & State: OCALA, FLORIDA	City & State: OCALA, FLORIDA
Zip: 34474 Country:	Zip: 34474 Country:

3. Date Organized or Qualified: 05/01/1998
3a. State of Formation: FL
4. FEI Number: 59-3516060 ☐ Applied For ☐ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
TROW, CHESTER J ~~445 NORTHEAST 8TH AVENUE~~ ~~OCALA FL 34470~~	Name: Street Address (P.O. Box Number is Not Acceptable): 1 NE FIRST AVENUE Suite, Apt. #, etc.: SUITE 303 City: OCALA FL Zip Code: 34470-6332

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 registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
~~MEM~~ MGRM	MCLAUCHLIN, BEN G	~~2141 N.E. 2ND STREET~~ 3019 SW 27TH AVENUE, SUITE 102	OCALA FL
~~MEM~~ MGRM	TROW, CHESTER J	~~2141 N.E. 2ND STREET~~ 1 NE FIRST AVENUE, SUITE 303	OCALA FL

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11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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: _____ 8/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (6/99)