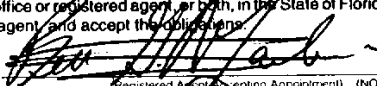
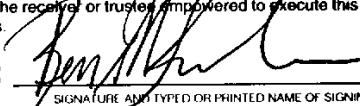


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 3019 SW 27TH AVENUE Suite, Apt. #, etc. SUITE 102 City & State OCALA, FLORIDA Zip 34474	2a. Mailing Address 3019 SW 27TH AVENUE Suite, Apt. #, etc. SUITE 102 City & State OCALA, FLORIDA Zip 34474	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 ☐ See 7a Addition Fee Requested
7. Name and Address of Current Registered Agent TROW, CHESTER J 445 NORTHEAST 8TH AVENUE OCALA FL 34470		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 1 NE FIRST AVENUE Suite, Apt. #, etc. SUITE 303 City OCALA Zip Code FL 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 MCLAUCHLIN, BEN G MEM TROW, CHESTER J	2141 N.E. 2ND STREET 3019 SW 27TH AVENUE, SUITE 102 2141 N.E. 2ND STREET 1 NE FIRST AVENUE, SUITE 303		OCALA FL OCALA FL
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: 		Date 8/19/99 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			