

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000006421****1. Entity Name**
MILLHORN & MUNDIE OF OCALA, L.L.C.

Principal Place of Business	Mailing Address
3300 SW 34TH AVENUE SUITE 120 OCALA FL 34474	3300 SW 34TH AVENUE SUITE 120 OCALA FL 34474

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number	Applied For
59-3602870	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$5.00

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNDIE FRED WJR 10935 SE 177 PLACE SUITE 204 SUMMERFIELD FL 34491 US	Name MUNDIE FRED WJR Street Address (P.O. Box Number is Not Acceptable) 13710 US 441 SUITE 100 City LADY LAKE FL Zip Code 32159

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.

SIGNATURE	DATE
FRED W. MUNDIE, JR. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	04/29/2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLHORN & MUNDIE, L.L.C. 10935 SE 177 PLACE SUITE 204 SUMMERFIELD FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLHORN & MUNDIE, L.L.C. 13710 US 441, SUITE 100 LADY LAKE FL 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I 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 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:	Mgr	Date	Daytime Phone #
Fred W. Mundie, Jr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		04/29/2001	

CR2E083 (11/00)