


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90492 033 ****50.00

DOCUMENT # M00000002066	
1. Entity Name OCALA SONIC LLC NO. 1	

Principal Place of Business 2401 S.W. 19TH AVE. RD. OCALA, FL 34471	Mailing Address PO BOX 288 BEE BRANCH, AR 72013
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 815 Parkway Suite, Apt. #, etc.
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City & State Conway AR	City & State Conway AR
Zip 72034	Country USA

03252004 Chg-LLC CR2E083 (10/03)

4. FEI Number
71-0844897

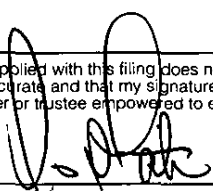
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PORTER, ALLEN E 2817 S.E. 5TH OCALA, FL 34471	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, DENNIS PO BOX 288 BEE BRANCH, AR 72013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	263 Lakeview Rd Edgemont AR 72044 <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:  03/29/04 (870) 948.3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #