2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M0000002602

Entity Name: TAG-OCALA LLC

Name:

Address:

City-St-Zip:

4330 CRITTENDEN DRIVE

LOUISVILLE, KY 40209

FILED Jan 15, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4330 CRITTENDEN DRIVE LOUISVILLE, KY 40209 **Current Mailing Address: New Mailing Address:** 4330 CRITTENDEN DRIVE LOUISVILLE, KY 40209 FEI Number: 31-1740215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORUSTEIN, MARK L ORNSTEIN, MARK L C/O KILLGÓRE PEARLMAN C/O KILLGÖRE PEARLMAN 2 SOUTH ORANGE AVENUE, 5TH FLOOR 2 SOUTH ORANGE AVENUE, 5TH FLOOR ORLANDO, FL 32801 US ORLANDO, FL 32801 US 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: MARK L. ORNSTEIN 01/15/2003 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Change () Addition () Delete HUBER, KENNETH L Name: Name: 4330 CRITTENDEN DRIVE Address: Address: City-St-Zip: LOUISVILLE, KY 40209 City-St-Zip: () Delete Title: MGR Title: () Change () Addition FORMANEK, JAMES G Name: Name: Address: 4330 CRITTENDEN DRIVE Address: City-St-Zip: LOUISVILLE, KY 40209 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GISH, JAMES L Name: Name: 4330 CRITTENDEN DRIVE Address: Address: City-St-Zip: LOUISVILLE, KY 40209 City-St-Zip: Title: MGR () Delete Title: () Change () Addition IEZZI, ROBERT A

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT A. IEZZI 01/15/2003