


FILED
Apr 28, 2005 08:00 AM
Secretary of State

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # M01000001237
 1. Entity Name
 1501 SE 24TH ROAD, LLC



Principal Place of Business
 1501 SE 24TH ROAD
 Ocala, FL 34471

Mailing Address
 1501 SE 24TH ROAD
 Ocala, FL 34471

DO NOT WRITE IN THIS SPACE



04142005 No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 06-1621888 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
 IN THIS SPACE**

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)
Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$50.00
 Due by May 1, 2005**

UD00000340605
 04/28/05-80120-017 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POLITZ, SAMUEL 34921 US HIGHWAY 19 N # 415 PALM HARBOR, FL 34684 |
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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: [Signature] **MANAGER** 4/28/05 727-726-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SAM POLITZ