2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DOCUMENT # A03000001421

MAHÁFFEY ASSOCIATES OCALA, LLLP



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business 100-2ND AVE SO #302N ST PETERSBURG, FL 33701 Mailing Address 100-2ND AVE SO #302N ST PETERSBURG, FL 33701



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04232007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 59-3427138 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

OCALA GENERAL PROPERTY, LLC

731 JAMESTOWN DR. WINTER PARK, FL 32792

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 Signature, typed or printed name of registered agent and title if applicable.		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	00
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.		
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	L03000037336	
NAME	OCALA GENERAL PROPERTY, LLC	
STREET ADDRESS	731 JAMESTOWN DR.	
CITY-ST-ZIP	WINTER PARK, FL 32792	
DOCUMENT #		
NAME		V00000746542
STREET ADDRESS		05/16/07-80073-010 500.00
CITY-ST-ZIP		
DOCUMENT /		
NAME		
STREET ADDRESS		DO NOT WRITE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS

James W. Mahaffer

04-25-07

407-677-0650