

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000001843  
 1. Entity Name  
 OCALA REAL ESTATE INVESTORS, LLC



Principal Place of Business      Mailing Address  
 3570 KEITH STREET                      3570 KEITH STREET  
 CLEVELAND, TN 37311                      CLEVELAND, TN 37311

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LLC      CR2E083 (11/05)  
 4. FEI Number      Applied For  
 74-3123656      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRESTON, FORREST L
STREET ADDRESS	3570 KEITH STREET
CITY-ST-ZIP	CLEVELAND, TN 37311
TITLE	VST
NAME	CLAYTON, ANGELENA Y
STREET ADDRESS	3570 KEITH STREET
CITY-ST-ZIP	CLEVELAND, TN 37311
TITLE	VAS
NAME	CROSS, CINDY S
STREET ADDRESS	3570 KEITH STREET
CITY-ST-ZIP	CLEVELAND, TN 37311
TITLE	AS
NAME	THURMOND, JOAN E
STREET ADDRESS	3570 KEITH STREET
CITY-ST-ZIP	CLEVELAND, TN 37311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 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: Joan E Thurmond      3-14-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone if