2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90433 045 ****50 00

(423) 473-5868 Daytime Phone #

3/29/07

DOCUMENT # M0400001843 1. Entity Name OCALA REAL ESTATE INVESTORS, LLC								04-02-200	1/ 90433 (045 ****5().00
Principal Place 3570 KEITH CLEVELAND,	STREET	5	Mailing Address 3570 KEITH STREET CLEVELAND, TN 37311								
2. Principal P	ace of Busin	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03292007	Chg-LLC	CR2E	(12/06)		
City & State			City & State				4. FEt Numb				plied For t Applicable
Zip	Country		Zip Coun		try				\$5.00 Add Fee Required		
	6. Name	and Address of Current I	Registered Agent	7. Name and Address of New Registered Agent							
C T CORP 1200 SOU PLANTATI	TH PINE I	SLAND ROAD			Street A	ddress (P.O. Box Numb	oer is Not Accepta		7:- 6:-1	
8. The above named entity submits this statement for the purpose of changing its register						FL Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$50.00 Due by May 1, 2007										payable to ment of State	•
9.		MANAGING MEMBE	RS/MANAGERS	10.	.,				VS/CHANGE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3570 KE1	N, FORREST L TH STREET ND, TN 37311	☐ Delete			Deve1 3570	rate Mana opers Inv Keith Str land, TN	restment Con reet, NW	npany II,	☐ Change , Inc.	XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3570 KEI	N, ANGELENA Y TH STREET ND, TN 37311	∑ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CROSS, (3570 KEI	- 10-10-10-10-10-10-10-10-10-10-10-10-10-1	∑3 Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3570 KEI	ND, JOAN E TH STREET AND, TN 37311	€⊠ Delete				, ,			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
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. Ocala Real Estate Investors, LLC Responsible True Company of Managers.											

SIGNATURE: By SIGNATURE AND THE PRINTED NAME OF SIGNING MANAGING MEMBER, NA AUTHORIZED REPRESENTATIVE

Joan E. Thurmond, Assistant Secretary