2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000032911

1. Entity Name



FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90225 038 ****50.00

OCALA A	SSOCIATES, LLC)	J3-12-2004 9 0	223 036	30.00			
3109 STIRLII SUITE 200	e of Business NG ROAD RDALE, FL 33312 US	Mailing Address 3109 STIRLING ROAD SUITE 200 FORT LAUDERDALE, FL 3	33312 US		TIAP 11014 82111 93816 8061	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ÊBI JH 102)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242004	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State		4. FEI Number 59-3762				plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	□ \$	5.00 Add ee Required	itional	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New R	egistered Aç	gent		
WALTER HOLLANDER			Name	Name					
WALTER, HOLLANDER 3109 STIRLING ROAD SUITE 200		Street Addres		(P.O. Box Number	is Not Acceptable)			
	JDERDALE, FL 33312								
			City	*		FL	Zip Code		
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or regist	ered agent, or both	, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of rapistered agent	and title if applicable. (NOTE: R	Registered Agent signature requir	red when reinstation)	 ··· ,	DATE			
· • · · · · · · · · · · · · · · · · · ·	2	1		,	 -				
Filing Fee is \$50.00 - Due by May 1, 2004						ocheck pa Departme		•	
9 MANAGING MEMBERS		RS/MANAGERS	10.		ADDITIONS/	CHANGES			
TITLE	MGRM	Delete	TITLE				☐ Change	☐ Addition	
NAME	HOLLANDER, WALTER		NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE		·				
NAME	HOLLANDER, DAVID	□ Delete	NAME			•	☐ Change	☐ Addition	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312								
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MGM, DQVID G. HOLLander

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE