

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90311 028 ****50.00

DOCUMENT # L02000032911

1. Entity Name
OCALA ASSOCIATES, LLC



Principal Place of Business
**3109 STIRLING ROAD
SUITE 200
FORT LAUDERDALE, FL 33312 US**

Mailing Address
**3109 STIRLING ROAD
SUITE 200
FORT LAUDERDALE, FL 33312 US**



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3762991

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALTER, HOLLANDER
3109 STIRLING ROAD
SUITE 200
FORT LAUDERDALE, FL 33312**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HOLLANDER, WALTER
3109 STIRLING ROAD, SUITE 200
FORT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HOLLANDER, STEPHANIE
3109 STIRLING ROAD #200
FT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SILVER DEV CORP
3109 STIRLING ROAD #200
FT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

2/2/07 954 962-9700