


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90030 016 \*\*\*\*50.00

**DOCUMENT # L05000032527**

1. Entity Name  
**TRIAD OF OCALA, LLC**



Principal Place of Business  
**4271 WEST HIGHWAY 40  
 OCALA, FL 34482**

Mailing Address  
**4271 WEST HIGHWAY 40  
 OCALA, FL 34482**

**60038035**



2. Principal Place of Business - No P.O. Box #  
**2605 SW 33rd Street**

3. Mailing Address  
**P.O. Box 2495**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.

03292007 Chg-LLC CR2E083 (12/06)

City & State  
**Ocala, FL**

City & State  
**Ocala, FL**

4. FEI Number  
**02-0742610**

Applied For  
 Not Applicable

Zip  
**34474**

Country  
**USA**

Zip  
**34478**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**DE BENEDICTY, GEORGE  
 4271 WEST HIGHWAY 40  
 OCALA, FL 34482**

7. Name and Address of New Registered Agent  
 Name  
**Kenneth Kirkpatrick**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2605 SW 33rd Street**  
**Ocala**  
 City  
**FL** Zip Code  
**34474**

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.

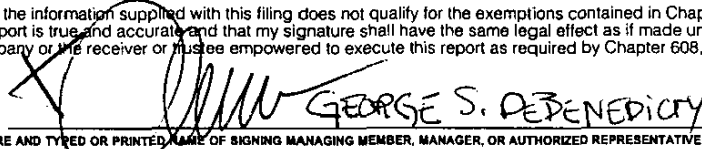
SIGNATURE  **Kenneth Kirkpatrick** **3/29/07**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINER, IRWIN J 7363 SE 12TH CIRCLE OCALA, FL 34480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Malman, Myles H. 3107 Stirling Rd., Suite 101 Ft. Lauderdale, FL 33312-8500 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBENEDICTY, GEORGE S PO BOX 772532 OCALA, FL 34477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Malman, Jill A. 3107 Stirling Rd., Suite 101 Ft. Lauderdale, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, PAUL I 2296 BUCKLAND AVE FREMONT, OH 43420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLIK, ROBERT PO BOX 9236 JACKSON, WY 83002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Holik, Rene P.O. Box 9236 Jackson, WY 83002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **GEORGE S. DEBENEDICTY** **3/29/07** **352/369-9881**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #