


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90115 034 ***138.75

DOCUMENT # L05000032527

1. Entity Name
 TRIAD OF OCALA, LLC



Principal Place of Business Mailing Address

2605 SW 33RD ST PO BOX 2495
 STE 200 OCALA, FL 34478
 OCALA, FL 34474

00003617



DO NOT WRITE IN THIS SPACE

02072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0742610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, KENNETH
 2605 SW 33RD ST
 OCALA, FL 34474

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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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLIK, RENE PO BOX 9236 JACKSON, WY 83002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBENEDICTY, GEORGE S PO BOX 772532 OCALA, FL 34477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, PAUL I 2296 BUCKLAND AVE FREMONT, OH 43420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLIK, ROBERT PO BOX 9236 JACKSON, WY 83002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALMAN, MYLES H 3107 STIRLING RD STE 101 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALMAN, JILL A 3107 STIRLING RD STE 101 FORT LAUDERDALE, FL 33312

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:  **George DeBenedicty** 3/27/08 352/482-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #