

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 9:52

DOCUMENT # A24394

1. Entity Name
OCALA INN, LTD.



Principal Place of Business
613-B BEACHVIEW DR.
ST. SIMONS ISLAND, GA 31522

Mailing Address
P.O. BOX 20287
ST SIMONS ISLAND, GA 31522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282005 Chg-LP CR2E003 (10/03)

4. FEI Number
58-1711957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZELL, ROYALD A.
2225 CLIMBING IVY DRIVE
TAMPA, FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

9. Capital Contributions as Shown on record. \$900,000.00

10. Amount of Capital Contributions in FLORIDA to date.

526.25

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # J39264
NAME Ocala Inns, Inc.
STREET ADDRESS 613-B BEACHVIEW DRIVE
CITY-ST-ZIP ST. SIMONS ISLAND, GA 31522

STREET ADDRESS

CITY-ST-ZIP

400050093254

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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Harold E. Zell 3/30/05 912-638-3449

STAPLE CHECK HERE