

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A24394

Entity Name: OCALA INN, LTD.

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

613-B BEACHVIEW DR.  
ST. SIMONS ISLAND, GA 31522

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 58-1711957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: J39264  
Name: OCALA INNS, INC.  
Address: 613-B BEACHVIEW DRIVE  
City-St-Zip: ST. SIMONS ISLAND, GA 31522

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROYALD ZELL

\_\_\_\_\_  
Electronic Signature of Signing General Partner

03/25/2009

\_\_\_\_\_  
Date