
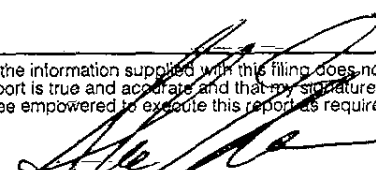


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A26149 1. Entity Name OCALA INVESTORS 1988-I, LTD.					
Principal Place of Business 2400 SW 21 CIR. OCALA, FL 34474			Mailing Address P.O. BOX 5130 OCALA, FL 34478-5130		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —			
City & State —		City & State —			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE MANAGEMENT GROUP OF OCALA, INC. 2400 SW 21 CIR. OCALA, FL 34474			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,907,468.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	M33029		STREET ADDRESS	100000027381E	
NAME	MANAGEMENT GROUP OF OCALA, INC.		CITY-ST-ZIP	03/23/05-80044-001 526.25	
STREET ADDRESS	2400 SW 21 CIR.				
CITY-ST-ZIP	OCALA, FL 34474				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
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)(f), 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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 		Sharon Glassman 03/16/2005 (352) 237-1186			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	

SAMPLE CHECKSUM HERE