

**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  
 Suite, Apt. #, etc. —

3. Mailing Address  
 Suite, Apt. #, etc. —

City & State —

Zip Country Zip Country

03162005 Chg-LP GR2E003 (10/03)

4. FEI Number  
 59-2903360 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

THE MANAGEMENT GROUP OF OCALA, INC.  
 2400 SW 21 CIR.  
 OCALA, FL 34474

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,907,468.00

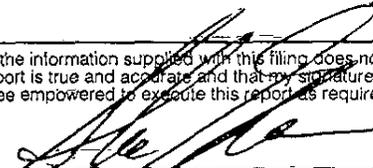
10. Amount of Capital Contributions in FLORIDA to date. \_\_\_\_\_

**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	100000273816
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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CITY-ST-ZIP			

SINGLE GREEN COPY

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #