


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:56

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
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2. Principal Place of Business 2801 SW College Rd Suite, Apt. #, etc. Unit 18 City & State Ocala FL Zip 34474	3. Mailing Address Suite, Apt. #, etc. City & State City Ocala Zip 34474	Country
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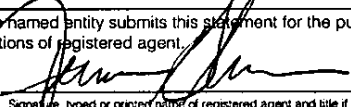
03292006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-2903360	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE MANAGEMENT GROUP OF OCALA, INC. 2400 SW 21 CIR. OCALA, FL 34474
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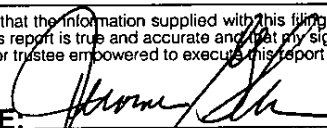
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2801 SW College Rd Unit 18 City Ocala FL Zip Code 34474

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 Jerome Glassman 04/12/2006

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	M33029 MANAGEMENT GROUP OF OCALA, INC. 2400 SW 21 CIR. OCALA, FL 34474	STREET ADDRESS CITY-ST-ZIP	2801 SW College Rd Unit 18 Ocala FL 34474
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes
SIGNATURE:  DATE Jerome Glassman 04/12/2006 352.237.1186

STAPLE CHECK HERE