2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A26149

Entity Name
 OCALA INVESTORS 1988-I, LTD.



FILED Apr 10, 2007 08:00 A Secretary of State

Principal Place of Business

2801 SW COLLEGE RD

UNIT 18 OCALA, FL 34474 Mailing Address

P.O. BOX 5130

OCALA, FL 34478-5130



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE MANAGEMENT GROUP OF OCALA, INC. 2801 SW COLLEGE RD UNIT 18 OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

8. The at	ove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	am familiar with, and accept
the ob	igations of registered agent.	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.

GENERAL PARTNER INFORMATION 12. DOCUMENT # M33029 MANAGEMENT GROUP OF OCALA, INC. NAME 2801 SW COLLEGE RD UNIT 18 STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

U00000698280 04/18/07-80073-014 500.00

DATE

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 by execute this report as required by Chapter 620, Florida Statutes

Jerome Glassman

SIGNATURE:

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP
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CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/02/2007

352.237.1186

Daytime Phone #