2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

DOCUMENT # A97000001683

1. Entity Name
OCALA MANUFACTURING CO., LTD.

05 APR 19 PM 1:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
4809 EAST COUNTY ROAD 466 OXFORD, FL 34484	P.O. BOX 370 OXFORD, FL 34484-0370

04082005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
3649 CR 214	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oxford, FL	City & State
Zip: 34484 Country: USA	Zip Country

4. FEI Number: 59-1512020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, C. WINSTON JR. ~~4809 EAST COUNTY ROAD 466~~ OXFORD, FL 34484	Name Street Address (P.O. Box Number is Not Acceptable): 3649 CR 214 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: C. W. Bailey DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$7,597,184.00	7,597,184

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 #		STREET ADDRESS	3649 CR 214
NAME	COLLINS, MARTHA A	CITY-ST-ZIP	
STREET ADDRESS	~~4809 EAST COUNTY ROAD 466~~		
CITY-ST-ZIP	OXFORD, FL 34484		
DOCUMENT #	P97000056450	STREET ADDRESS	3649 CR 214
NAME	J.A. BAILEY CORP.	CITY-ST-ZIP	
STREET ADDRESS	~~4809 EAST COUNTY ROAD 466~~		
CITY-ST-ZIP	OXFORD, FL 34484		
DOCUMENT #	P97000056454	STREET ADDRESS	3649 CR 214
NAME	C. W. BAILEY, JR. CORP.	CITY-ST-ZIP	
STREET ADDRESS	~~4809 EAST COUNTY ROAD 466~~		
CITY-ST-ZIP	OXFORD, FL 34484		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	100054024321 05/06/05--01087--014 **526.25
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C. W. Bailey 4-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #