

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000261

1. Entity Name
HUNTER'S RIDGE OF OCALA, LTD.



Principal Place of Business
7 EAST SILVER SPRINGS ROAD, SUITE 208
OCALA, FL 34470

Mailing Address
7 EAST SILVER SPRINGS ROAD, SUITE 208
OCALA, FL 34470



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006 Chg-LP CR2E003 (11/05)

4. FEI Number
59-3491867

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

MCCOY, GEORGE R
7 EAST SILVER SPRINGS ROAD, SUITE 208
OCALA, FL 34470

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$800.00

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.

12. GENERAL PARTNER INFORMATION
 DOCUMENT # **P98000102244**
 NAME **UNIVERSAL DEVELOPMENT OF OCALA, INC.**
 STREET ADDRESS **7 EAST SILVER SPRINGS ROAD, SUITE 208**
 CITY-ST-ZIP **OCALA, FL 34470**

13. ADDRESS CHANGES ONLY
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UNIVERSAL DEVELOPMENT OF OCALA, INC.
03/07/06 - 80021-012 500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-21-06 352-732-3550

Date

Daytime Phone

STAPLE CHECK HERE