2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DO NOT WRITE IN THIS SPACE

DOCUMENT # B95000000088 1. Entity Name

OCALA PARK LIMITED PARTNERSHIP



FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

400 MALL BLVD., SUITE M SAVANNAH, GA 31406

Mailing Address

400 MALL BLVD., SUITE M SAVANNAH, GA 31406



01072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For Not Applicable 58-2153543 \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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

U00000789747 01/23/00-00005-0

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

12.	- GENERAL PARTNER INFORMATION
DOCUMENT #	F95000001227
NAME ;	GARFUNKEL DEVELOPMENT CORPORATION
STREET ADDRESS	400 MALL BLVD., SUITE M
CITY-ST-ZIP	SAVANNAH, GA 31406
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	,
STREET ADDRESS	Signed to the state of the second
CITY-ST-ZIP	2000 - 4000
DOCUMENT #	10 10 10 10 10 10 10 10 10 10 10 10 10 1
NAME	1、10mm 的复数数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数
STREET ADDRESS	Land to the state of the state
CITY-ST-ZIP	". ". ". ". ". " . " . " . " . " . " .

DO NOT WRITE IN THIS SPACE

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 equipped by Chapter \$20, Florida Statutes

SIGNATURE: