


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007688
 1. Entity Name
 Ocala CHGP, LLC



Principal Place of Business: 3723 FAIRVIEW INDUSTRIAL DR SE STE 270 SALEM, OR 97302
 Mailing Address: PO BOX 3006 SALEM, OR 97302-3006

DO NOT WRITE IN THIS SPACE



04262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 47-0856453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES INC.
 526 E. PARK AVENUE
 TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2004
 U000000144438
 04/30/04-80131-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDER, JON M PO BOX 3006 SALEM, OR 973020006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURGHARDT, DALE L 8859 WESTRIDGE CT N KEIZER, OR 97303
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Jon M. Harder 4/27/04 (503) 375-9016
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #