2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032911

1. Entity Name
OCALA ASSOCIATES, LLC

Principal Place of Business	Mailing Address
3109 STIRLING ROAD SUITE 200 FORT LAUDERDALE, FL 33312 US	3109 STIRLING ROAD SUITE 200 FORT LAUDERDALE, FL 33312 US

03162005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3762991
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTER, HOLLANDER
3109 STIRLING ROAD
SUITE 200
FORT LAUDERDALE, FL 33312

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOLLANDER, WALTER
STREET ADDRESS	3109 STIRLING ROAD, SUITE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	MGRM
NAME	HOLLANDER, DAVID
STREET ADDRESS	3109 STIRLING ROAD, SUITE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/05-80048-009 50.00

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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)(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 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: WALTER J. HOLLANDER (954) 962-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #