FILED
Feb 13, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

01232006 No Chg-LLC CR2E083 (11/05)

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, 2006

000004324?5
02/23/06 80070-007 50.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 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: David G. Hollander (954) 962-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #