

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000032911

1. Entity Name
OCALA ASSOCIATES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT -5 AM 10:43

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

Mailing Address
3109 STIRLING ROAD
SUITE 200
FORT LAUDERDALE, FL 33312 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09272006 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

7. Name and Address of New Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600080501346
10/05/06--01046--017 \$50.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOLLANDER, STEPHANIE
3109 STIRLING ROAD #200
FT. LAUDERDALE, FL 33312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SILVER DEV CORP
3109 STIRLING ROAD #200
FT. LAUDERDALE, FL 33312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

G.P. President
Silver Dev. Corp

9/29/06

(954)

962-9700