2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L03000023658

Entity Name: SRI OF OCALA MC, LLC

Current Principal Place of Business:

13630 LINDEN DRIVE
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

13630 LINDEN DRIVE
SPRING HILL, FL 34609 US

New Mailing Address:

FEI Number: 11-3696021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRAWFORD, RICHARD H
13630 LINDEN DRIVE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	SUPERIOR RESIDENCES,, INC.	
Address:	307 WEST PARK AVENUE	
City-St-Zip:	TALLAHASSEE, FL 32301 US	
Title:	MGRM	( ) Delete
Name:	BISHOP, DON W	
Address:	13630 LINDEN DRIVE	
City-St-Zip:	SPRING HILL, FL 34609 US	
Title:	MGR	( ) Delete
Name:	CRAWFORD, RICHARD H	
Address:	13630 LINDEN DR	
City-St-Zip:	SPRING HILL, FL 34609	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD H. CRAWFORD CFO 04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date