

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041036

1. Entity Name
OCALA NORTH OP#5 LLC



FILED

2005 APR -7 AM 11:38

SECRETARY OF STATE
FLORIDA



Principal Place of Business
**2765 WHITE WING LANE
WEST PALM BEACH, FL 33409-2033**

Mailing Address
**2765 WHITE WING LANE
WEST PALM BEACH, FL 33409-2033**

2. Principal Place of Business

3. Mailing Address

02142005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
52-2394762

Applied For
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEFTENBERG, STEPHEN L
2765 WHITE WING LANE
WEST PALM BEACH, FL 33409-2033**

Name **David L. Register**

Street Address (P.O. Box Number is Not Acceptable)
2335 SW 10 St.

City **Ocala**

FL Zip Code **34475**

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 (Applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **SEFTENBERG, STEPHEN L**
STREET ADDRESS **2765 WHITE WING LANE**
CITY-STATE-ZIP **WEST PALM BEACH, FL 334092033**

☐ Change ☐ Addition
900054007439
05/06/05--01054--010 **158.75

TITLE **mgr** ☐ Delete
NAME **David L. Register**
STREET ADDRESS **2335 nw 10 St**
CITY-STATE-ZIP **Ocala, FL 34475**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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

David L. Register