

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90229 021 ****55.00

DOCUMENT # L03000041036



1. Entity Name
OCALA NORTH OP#5 LLC

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
2335 NW 10th Street
Suite, Apt. #, etc.

3. Mailing Address
2335 NW 10th Street
Suite, Apt. #, etc.



01092006 Chg-LLC CR2E083 (11/05)

City & State
Ocala FL
Zip 34475 Country USA

City & State
Ocala FL
Zip 34475 Country USA

4. FEI Number
52-2394762
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTER, DAVID L
2335 NW 10 STREET
OCALA, FL 34475

7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

TITLE MGR ☐ Delete
NAME REGISTER, DAVID L
STREET ADDRESS 2335 NW 10 STREET
CITY-ST-ZIP Ocala, FL 34475

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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]*

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

2-8-06

Date

352-732-6326

Daytime Phone #