2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# L03000055772

Entity Name: OCALA INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

121 N.W. 3RD STREET
OCALA, FL 34475

New Principal Place of Business:

433 SW 10TH STREET
OCALA, FL 34474 US

Current Mailing Address:

121 N.W. 3RD STREET
OCALA, FL 34475

New Mailing Address:

433 SW 10TH STREET
OCALA, FL 34474 US

FEI Number: 11-3710130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMONS, GARY C
121 N.W. 3RD STREET
OCALA, FL 34475 US

Name and Address of New Registered Agent:

CARTWRIGHT, THOMAS H M.D.
433 SW 10TH STREET
OCALA, FL 34474 US

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: THOMAS H. CARTWRIGHT, M.D. 04/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WRIGHT, GARY DR.
Address: 433 SOUTHWEST 10TH STREET
City-St-Zip: OCALA, FL 34474

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WRIGHT, GARY M M.D.
Address: 433 SW 10TH STREET
City-St-Zip: OCALA, FL 34474 US

Title: MGR ( ) Change (X) Addition
Name: CARTWRIGHT, THOMAS H M.D.
Address: 433 SW 10TH STREET
City-St-Zip: OCALA, FL 34474 US

Title: MGR ( ) Change (X) Addition
Name: REYNOLDS, CRAIG H M.D.
Address: 433 SW 10TH STREET
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS H. CARTWRIGHT, M.D. MGR 04/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date