


*Amended*  
**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 SEP 22 AM 10:44

<b>DOCUMENT # L04000057266</b>			
1. Entity Name OCALA SPRINGS PLAZA, L.C.			
Principal Place of Business 1409 N.E. 22ND AVENUE OCALA, FL 34470		Mailing Address 1409 N.E. 22ND AVENUE OCALA, FL 34470	
2. Principal Place of Business <i>Ocala Florida</i> Suite, Apt. #, etc. <i>7115 to 7139 US Hwy 441</i>		3. Mailing Address <i>901 N. Central</i> Suite, Apt. #, etc. <i>Campbell CA</i>	
City & State <i>Ocala FL</i>		City & State <i>CA</i>	
Zip <i>34470</i>	Country <i>USA</i>	Zip <i>95008</i>	Country <i>USA</i>
4. FEI Number <i>68-0594341</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, DAVID A ESQUIRE 1409 N.E. 22ND AVENUE OCALA, FL 34470		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 resigning) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DAVID W 901 N. CENTRAL AVENUE CAMPBELL, CA 95008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>David Smith</i>		Date _____ Daytime Phone # _____	

*632 MINDY WY  
 San Jose CA  
 95123*



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*David Smith*