


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90045 024 \*\*\*\*50.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L04000082218</b><br>1. Entity Name<br><b>THE OCALA SHOPPES LLC</b>   |   |  |   |    |  |
| Principal Place of Business<br><b>8302 LAUREL FAIR CIRCLE<br/>SUITE 100<br/>TAMPA, FL 33610</b>  |   |  | Mailing Address<br><b>8302 LAUREL FAIR CIRCLE<br/>SUITE 100<br/>TAMPA, FL 33610</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address                         |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                        |   |   |  |
| City & State   |   | City & State                               |   | 03152007 Chg-LLC CR2E083 (12/06)<br>4. FEI Number <b>9461</b><br><del>20-2867481</del> <b>20-2869461</b>  |  |
| Zip  |   | Country                                    |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b><br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent  |   |  |   | 7. Name and Address of New Registered Agent   |  |
| <b>COMER, GORDON<br/>8302 LAUREL FAIR CIRCLE<br/>SUITE 100<br/>TAMPA, FL 33610</b>   |   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |
|  |   |  |   | State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |  | <b>Make check payable to<br/>Florida Department of State</b>                        |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>COMER, GORDON<br/>8302 LAUREL FAIR CIRCLE SUITE 100<br/>TAMPA, FL 33610</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <b>MGRM<br/>Acquiest CORPORATION<br/>8302 LAUREL FAIR CIR STE 100<br/>TAMPA FL 33610</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <b>MGRM<br/>PETER HOLLOON<br/>8302 LAUREL FAIR CIR STE 100<br/>TAMPA FL 33610</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |   |  |   |   |  |
| <b>SIGNATURE:</b> <u>Gordon Comer</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  | <u>4/27/07</u><br><small>Date Daytime Phone #</small>                               |   |  |