

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000085636

Entity Name: OCALA SQUARE LLC

FILED
Oct 07, 2005
Secretary of State

Current Principal Place of Business:

C/O LEN DENERSTEIN
6221 SW 7TH AVENUE ROAD
OCALA, FL 34474

Current Mailing Address:

C/O LEN DENERSTEIN
6221 SW 7TH AVENUE ROAD
OCALA, FL 34474

New Principal Place of Business:

C/O JAMES P. SHARKEY
1025 N.E. 14TH STREET
OCALA, FL 34470

New Mailing Address:

C/O JAMES P. SHARKEY
P.O. BOX 304
CALVERTON, NY 11933

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHARKEY, JAMES
6221 SW 7TH AVENUE ROAD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

SHARKEY, JAMES
1025 N.E. 14TH STREET
OCALA, FL 34470 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: JAMES P. SHARKEY

10/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHARKEY, JAMES
Address: 6221 SW 7TH AVENUE ROAD
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHARKEY, JAMES
Address: 1025 N.E. 14TH STREET
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES P. SHARKEY

MGRM

10/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date