


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90192 035 ****50.00

DOCUMENT # L05000001776	
1. Entity Name TRICO OCALA, LLC	

Principal Place of Business 2801 SOUTHWEST COLLEGE ROAD, SUITE 9 OCALA, FL 34474	Mailing Address 2801 SOUTHWEST COLLEGE ROAD, SUITE 9 OCALA, FL 34474
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 206 Suite, Apt. #, etc.
---	---

City & State OCALA, FL	City & State OCALA, FL
---------------------------	---------------------------

Zip 34478	Country	Zip 34478	Country
--------------	---------	--------------	---------

02072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 70-2212731	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 MACKAY, DAVID L 2801 SOUTHWEST COLLEGE ROAD, SUITE 9 OCALA, FL 34474

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 MANAGER DAVID L. MACKAY 2801 SW College Rd, Suite 9 OCALA, FL 34474	<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 Manager George L. Mackay 501 Pawnee Trail Maitland, FL 32751	<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
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

11. I hereby certify that the information supplied with this filing does not qualify 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 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 L. Mackay</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	2/7/05 Date	352-237-3800 Daytime Phone #
---	----------------	---------------------------------