2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000003507

1. Entity Name
OCALA CROSSINGS LLC

Principal Place of Business	Mailing Address
515 NORTH FLAGLER DRIVE, STE. 1800 WEST PALM BEACH, FL 33401	515 NORTH FLAGLER DRIVE, STE. 1800 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2141314
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUM, RICHARD B
515 NORTH FLAGLER DRIVE, STE. 1800
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	THOMAS, NORMAN
STREET ADDRESS	105 SOUTH NARCISSUS #602
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	THOMAS, SUSAN
STREET ADDRESS	105 SOUTH NARCISSUS #602
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	NILES HOWELL LLC
STREET ADDRESS	515 NORTH FLAGLER DRIVE, STE. 1800
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	KUEHL, JEFFREY L
STREET ADDRESS	13333 ROLLING GREEN ROAD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80008-005 138.75

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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.

SIGNATURE: _____ 1/8/07 561-659-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #