

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003507

Entity Name: OCALA CROSSINGS LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2141314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMAS, NORMAN
Address: 105 SOUTH NARCISSUS #602
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: THOMAS, SUSAN
Address: 105 SOUTH NARCISSUS #602
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: NILES HOWELL LLC,
Address: 515 NORTH FLAGLER DRIVE, STE. 1800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: KUEHL, JEFFREY L
Address: 13333 ROLLING GREEN ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NORMAN THOMAS

MGR

01/06/2009

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