2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032527

Entity Name: TRIAD OF OCALA, LLC

City-St-Zip:

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4271 WEST HIGHWAY 40 OCALA, FL 34482 **Current Mailing Address: New Mailing Address:** 4271 WEST HIGHWAY 40 OCALA, FL 34482 FEI Number: 02-0742610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE BENEDICTY, GEORGE 4271 WEST HIGHWAY 40 OCALA, FL 34482 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: ADDITIONS/CHANGES: () Delete Title: MGRM () Change (X) Addition WEINER, IRWIN J Name: Name: Address: Address: 7363 SE 12TH CIRCLE City-St-Zip: City-St-Zip: OCALA, FL 34480 Title: Title: MGR () Change (X) Addition () Delete DEBENEDICTY, GEORGE S Name: Name: Address: Address: PO BOX 772532 City-St-Zip: City-St-Zip: OCALA, FL 34477 25 Title: () Delete Title: MGR () Change (X) Addition MATTHEWS, PAUL I Name: Name: 2296 BUCKLAND AVE Address: Address: City-St-Zip: City-St-Zip: FREMONT, OH 43420 Title: () Delete Title: MGR () Change (X) Addition HOLIK, ROBERT Name: Name: Address: Address: PO BOX 9236

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

JACKSON, WY 83002

SIGNATURE: IRWIN J WEINER MGRM 04/30/2006