

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90030 016 \*\*\*\*50.00

<b>DOCUMENT # L05000032527</b>					
<b>1. Entity Name</b> TRIAD OF OCALA, LLC					
<b>Principal Place of Business</b> 4271 WEST HIGHWAY 40 OCALA, FL 34482			<b>Mailing Address</b> 4271 WEST HIGHWAY 40 OCALA, FL 34482		
<b>2. Principal Place of Business - No P.O. Box #</b> 2605 SW 33rd Street		<b>3. Mailing Address</b> P.O. Box 2495			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.			
City & State Ocala, FL		City & State Ocala, FL		<b>4. FEI Number</b> 02-0742610	
Zip 34474		Country USA		Zip 34478	
Country USA		Country USA			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> DE BENEDICTY, GEORGE 4271 WEST HIGHWAY 40 OCALA, FL 34482			<b>7. Name and Address of New Registered Agent</b> Name Kenneth Kirkpatrick Street Address (P.O. Box Number is Not Acceptable) 2605 SW 33rd Street Ocala City FL Zip Code 34474		
<b>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.</b> SIGNATURE <b>Kenneth Kirkpatrick</b> <span style="float: right;">3/29/07</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM WEINER, IRWIN J 7363 SE 12TH CIRCLE OCALA, FL 34480	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM Malman, Myles H. 3107 Stirling Rd., Suite 101 Ft. Lauderdale, FL 33312-8500	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR DEBENEDICTY, GEORGE S PO BOX 772532 OCALA, FL 34477	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM Malman, Jill A. 3107 Stirling Rd., Suite 101 Ft. Lauderdale, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR MATTHEWS, PAUL I 2296 BUCKLAND AVE FREMONT, OH 43420	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR Holik, Rene P.O. Box 9236 Jackson, WY 83002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR HOLIK, ROBERT PO BOX 9236 JACKSON, WY 83002	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR Holik, Rene P.O. Box 9236 Jackson, WY 83002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b>		<b>DATE:</b> 3/29/07		<b>PHONE:</b> 352/369-9881	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					