


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L05000032527

1. Entity Name
TRIAD OF OCALA, LLC



Principal Place of Business
**4271 WEST HIGHWAY 40
 OCALA, FL 34482**

Mailing Address
**4271 WEST HIGHWAY 40
 OCALA, FL 34482**

60038035



2. Principal Place of Business - No P.O. Box #
2605 SW 33rd Street

3. Mailing Address
P.O. Box 2495

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

03292007 Chg-LLC CR2E083 (12/06)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
02-0742610

Applied For
 Not Applicable

Zip
34474

Country
USA

Zip
34478

Country
USA

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DE BENEDICTY, GEORGE 4271 WEST HIGHWAY 40 OCALA, FL 34482		Name Kenneth Kirkpatrick	
		Street Address (P.O. Box Number is Not Acceptable) 2605 SW 33rd Street	
		Ocala	
		City FL	Zip Code 34474

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.

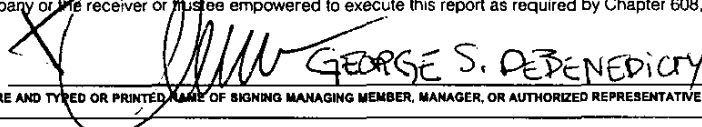
SIGNATURE  **Kenneth Kirkpatrick** **3/29/07**

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

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINER, IRWIN J 7363 SE 12TH CIRCLE OCALA, FL 34480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Malman, Myles H. 3107 Stirling Rd., Suite 101 Ft. Lauderdale, FL 33312-8500 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBENEDICTY, GEORGE S PO BOX 772532 OCALA, FL 34477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Malman, Jill A. 3107 Stirling Rd., Suite 101 Ft. Lauderdale, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, PAUL I 2296 BUCKLAND AVE FREMONT, OH 43420 <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	MGR HOLIK, ROBERT PO BOX 9236 JACKSON, WY 83002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Holik, Rene P.O. Box 9236 Jackson, WY 83002 <input type="checkbox"/> Change <input checked="" 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 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:  **GEORGE S. DEBENEDICTY** **3/29/07** **352/369-9881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #