FILED Mar 23, 2006 8:00 am Secretary of State 02-06-2006 90169 017 \*\*\*\*50.00

2/t 2/

DOCUMENT # L05000035637  1. Enthy Name OCALA LAKE ESTATES, L.L.C.								02-06-	-2006	90169 01	. 7 *******30
Principal Place 5801 CONGR BOCA RATON	ESS AVENU	<b>:</b>	Malling Address 5801 CONGRESS AVENUE 80CA RATON, FL 33487			i ritutu di		a a w ra ma	Mine ente ino m		
2. Principal Pl	lace of Busin	663	3. Mailing Address								
Suite, Apt. #, exc.			Suits, Apt. #, etc.				01092008	Chg-LLC	CRZE	E083 (11/05)	
City 6 State			City & State				4 FEI Numb	2667625	·		oplied For Applicable
Zlp	Country		Ζip	Coun	Country		8. Certificate	of Status Destred	0	\$5.00 Add Fee Require	Stional d
8. Name and Address of Current Registered Agent							7. Name and	Address of New R	egisteres	Agent	
C/O MOME	BACH, BÓ	REY'S ESQ. YLE & HARDIN, P.A	<u>-</u> .	Street A	treet Address (P.O. Box Number is Not Acceptable)						
FT. LAUDE		ID BL <b>V</b> D., SUTIE 19: FL 33394	×0								
		•		City	, F				FL Zip Code		
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  Styrages, appear or process regime of equipment appear over tips I appearable. (PATE: Registeres Agent organize under other releasing)  DATE											
}** .											
:. 973   Di	ling Fee i	s \$50100 y 1, 2008					Make check payable to Florida Department of State				
9.		MANAGING MEMBE		10.	· · · · · · · · · · · · · · · · · · ·			ADDITIONS/	CHANGE		
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TITLE NAME STREET ADDRESS CITY-ST-ZP			☐ Deleta		1					Change	Addition
11. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is the and eccurate and that my signature shall have the same legal effect as if made under onth; that I am a managing member or manager of the lamited liability company or the licelyrer or trusted empowered to exempt this report as required by Chapter 600, Florida Statutes.  SIGNATURE:    1/12/06											
SIGNAT	UKE:	NICH V		-	ALTERNATION AND ADDRESS OF THE PARTY OF THE		WATEN	-1/13/04		141.360	<b>7</b>



March 2, 2006

OCALA LAKE ESTATES, L.L.C. **5801 CONGRESS AVENUE BOCA RATON, FL 33487** 

MAR 1 6 2006

Subject: OCALA LAKE ESTATES, L.L.C.

Reference Number:

L05000035637

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION





## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2006

OCALA LAKE ESTATES, L.L.C. 5801 CONGRESS AVENUE BOCA RATON, FL 33487

Subject: OCALA LAKE ESTATES, L.L.C.

Reference Number:

L05000035637

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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