

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 19, 2006  
Secretary of State**

DOCUMENT# L05000035691

Entity Name: IDEAL MANAGEMENT SERVICES OF OCALA, LLC

**Current Principal Place of Business:**

616 N. MAYO STREET  
CRYSTAL BEACH, FL 34681

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 560  
CRYSTAL BEACH, FL 34681

**New Mailing Address:**

PO BOX 56  
CRYSTAL BEACH, FL 34681

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
401 E. JACKSON STREET, SUITE 1700  
TAMPA, FL 33602 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: DINGESS, ROBERT L  
Address: PO BOX 56  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: MGRM ( ) Delete  
Name: DINGESS, SHERRY L  
Address: PO BOX 56  
City-St-Zip: CRYSTAL BEACH, FL 34681

**ADDITIONS/CHANGES:**

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 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: ROBERT L. DINGESS                      MGRM                      04/19/2006

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