

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046436

FILED
Mar 02, 2006
Secretary of State

Entity Name: OCALA CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

1805 SE 16TH AVE
SUITE 101
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1805 SE 16TH AVE
SUITE 101
OCALA, FL 34471 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MIDGETT, DAVID E
1805 SE 16TH AVE
SUITE 101
OCALA, FL 34471 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: MIDGETT, DAVID E
Address: 1805 SE 16TH AVE, SUITE 101
City-St-Zip: OCALA, FL 34471 US

Title: MGRM (X) Delete
Name: KASPAR, JOHN
Address: 1805 SE 16TH AVE, SUITE 101
City-St-Zip: OCALA, FL 34471 US

Title: MGRM () Delete
Name: MORALES, JOHN
Address: 1805 SE 16TH AVE, SUITE 101
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID MIDGETT

MGRM

03/02/2006

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