

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90202 024 ****50.00

DOCUMENT # L05000058299 1. Entity Name OCALA INVESTMENTS I, LLC					
Principal Place of Business 10 FAIRWAY DRIVE SUITE 304 DEERFIELD BEACH, FL 33441			Mailing Address 10 FAIRWAY DRIVE SUITE 304 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business 16669 TOPANGA LANE Suite, Apt. #, etc.		3. Mailing Address 16669 TOPANGA LANE Suite, Apt. #, etc.			
City & State DELRAY BEACH, FL		City & State DELRAY BEACH FL		4. FEI Number 204318170	
Zip 33484		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BILU, RON S 10 FAIRWAY DRIVE SUITE 304 DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name MARIA NORTON Street Address (P.O. Box Number is Not Acceptable) 16669 TOPANGA LANE City DELRAY BEACH FL Zip Code 33484		
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 <u><i>Maria Norton</i></u> MARIA NORTON <u>3/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NORTON, MARIA 10 FAIRWAY DRIVE - SUITE 304 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARIA NORTON 16669 TOPANGA LANE DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TURNER, TOM 10 FAIRWAY DRIVE - SUITE 304 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENTRUST BANK TRUST FBO TOM TURNER 16669 TOPANGA LANE DELRAY BEACH, FL 33484 <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	MGRM ENTRUST BANK TRUST FBO MARIA NORTON 16669 TOPANGA LANE DELRAY BEACH FL 33484 <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: <u><i>Maria Norton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>3/7/06</u> <u>561-455-0689</u> <small>Date Daytime Phone #</small>		