

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059339

FILED
Feb 20, 2007
Secretary of State

Entity Name: OCALA EVANS, LLC

Current Principal Place of Business:

8320 WEST SUNRISE BLVD., SUITE 203
PLANTATION, FL 333225432

New Principal Place of Business:

Current Mailing Address:

8320 WEST SUNRISE BLVD., SUITE 203
PLANTATION, FL 333225432

New Mailing Address:

FEI Number: 20-3093964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLSTEIN, GERALD K
8320 WEST SUNRISE BLVD., SUITE 203
PLANTATION, FL 333225432 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: MGR () Delete
Name: HOLSTEIN, GERALD K
Address: 8320 WEST SUNRISE BLVD., SUITE 203
City-St-Zip: PLANTATION, FL 333225432

Title: MGR () Delete
Name: HOLDEN, PETER
Address: 8320 WEST SUNRISE BLVD., SUITE 203
City-St-Zip: PLANTATION, FL 333225432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOLSTEIN, GERALD K
Address: 8320 WEST SUNRISE BLVD., SUITE 203
City-St-Zip: PLANTATION, FL 333225432 US

Title: MGR (X) Change () Addition
Name: HOLDEN, PETER
Address: 8320 WEST SUNRISE BLVD., SUITE 203
City-St-Zip: PLANTATION, FL 333225432 US

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: GERALD K. HOLSTEIN

MGR

02/20/2007

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