

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90119 002 ****50.00

DOCUMENT # L05000060020 1. Entity Name OCALA INVESTMENTS II, LLC			
Principal Place of Business 16669 TOPANGA LANE DELRAY BEACH, FL 33484		Mailing Address 16669 TOPANGA LANE DELRAY BEACH, FL 33484	
2. Principal Place of Business - No P.O. Box # 4548 Baybridge Blvd Suite, Apt. #, etc.		3. Mailing Address 4548 Baybridge Blvd Suite, Apt. #, etc.	
City & State ESTERO FL Zip 33528 Country LEE		City & State ESTERO FL Zip 33528 Country LEE	
4. FEI Number 20-4318170		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTON, MARIA 16669 TOPANGA LN DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name MARIA NORTON Street Address (P.O. Box Number is Not Acceptable) 4548 Baybridge Blvd City ESTERO FL Zip Code 33528	
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> <small>Signature, typed or printed name of registered agent and date if applicable.</small>		DATE <u>3-6-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTON, MARIA 16669 TOPANGA LANE DELRAY BEACH, FL 33484 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4548 Baybridge Blvd ESTERO FL 33528 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENTRUST BANK TRUST FBO TOM TURNER 401K 16669 TOPANGA LANE DELRAY BEACH, FL 33484 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4548 Baybridge Blvd ESTERO FL 33528 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVIOLA, CAMILLE 35 1/2 MT. HERMAN AVENUE OCEAN GROVE, NJ 07756 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENTRUST BAN TRUST FBO MARIA NORTON 401K 16669 TOPANGA LANE DELRAY BEACH, FL 33484 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4548 Baybridge Blvd ESTERO FL 33528 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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>		DATE <u>3-6-07</u> DAYTIME PHONE # <u>235-176-9466</u>	