

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115448

FILED
Jul 11, 2006
Secretary of State

Entity Name: COLLEGE PARK OCALA, LLC

Current Principal Place of Business:

21 NORTH MAGNOLIA AVENUE
OCALA, FL 34475

New Principal Place of Business:

1415 S.W. 17TH STREET
OCALA, FL 34474

Current Mailing Address:

21 NORTH MAGNOLIA AVENUE
OCALA, FL 34475

New Mailing Address:

1415 S.W. 17TH STREET
OCALA, FL 34474

FEI Number: 20-3878394 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TROW, CHESTER J
21 NORTH MAGNOLIA AVENUE
OCALA, FL 34475 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: TROW, CHESTER J
Address: 21 NORTH MAGNOLIA AVENUE
City-St-Zip: Ocala, FL 34475

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLARK, DAVID W
Address: 1305 SE FT KING ST.
City-St-Zip: Ocala, FL 34471

Title: MGR () Change (X) Addition
Name: ARMSTRONG, CHRISTOPHER F
Address: 1415 S.W. 17TH ST
City-St-Zip: Ocala, FL 34474

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 W. CLARK

MGR

07/11/2006

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