

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057624

FILED
Apr 10, 2009
Secretary of State

Entity Name: OCALA 2006, LLC

Current Principal Place of Business:

333 50TH ST. SW
GRAND RAPIDS, MI 49548

New Principal Place of Business:

Current Mailing Address:

333 50TH ST. SW
PO BOX 2992
GRAND RAPIDS, MI 49501

New Mailing Address:

PO BOX 2992
GRAND RAPIDS, MI 49501

FEI Number: 20-5319282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: STEAD, ROBERT R
Address: 300 OTTAWA AVENUE NW SUITE 500
City-St-Zip: GRAND RAPIDS, MI 49503

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GORDON, DANIEL A
Address: 333 50TH ST SW
City-St-Zip: GRAND RAPIDS, MI 49548

Title: MGR () Change (X) Addition
Name: GODON, JOHN M JR
Address: 333 50TH ST SW
City-St-Zip: GRAND RAPIDS, MI 49548

Title: MGR () Change (X) Addition
Name: GRAY, DAVID L
Address: 333 50TH ST SW
City-St-Zip: GRAND RAPIDS, MI 49548

I hereby certify that the information supplied with this filing does not qualify 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: JOHN M. GORDON, JR

MGR

04/10/2009

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