2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L06000083999

Entity Name: OCALA COMMUNITY HOUSING, LLC

Current Principal Place of Business:

PO BOX 90265
GAINESVILLE, FL 32607

New Principal Place of Business:

750 NW 34TH ST
GAINESVILLE, FL 32607

Current Mailing Address:

PO BOX 90265
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCIS, JASON E
750 NW 34TH ST
GAINESVILLE, FL 32607 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: FRANCIS, JASON E
Address: PO BOX 90265
City-St-Zip: GAINESVILLE, FL 32607

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRANCIS, JASON E
Address: PO BOX 90265
City-St-Zip: GAINESVILLE, FL 32608

Title: MGR ( ) Change (X) Addition
Name: FITZWILLIAM, IAN
Address: PO BOX 90265
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR ( ) Change (X) Addition
Name: O'BRIEN, DAVID
Address: PO BOX 90265
City-St-Zip: GAINESVILLE, FL 32607

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: JASON FRANCIS MGRM 04/24/2008

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