

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90182 038 \*\*\*\*50.00

**DOCUMENT # M00000001673**

1. Entity Name

OCALA ASSISTED LIVING INVESTORS, LLC



Principal Place of Business

3001 KEITH STREET  
CLEVELAND, TN 37312

Mailing Address

3001 KEITH STREET  
CLEVELAND, TN 37312

**24049441**



01202004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
62-1829158

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME PRESTON, FORREST L  
STREET ADDRESS 3570 KEITH ST.  
CITY-ST-ZIP CLEVELAND, TN 37312

TITLE AS  
NAME THURMOND, JOAN E  
STREET ADDRESS 3570 KEITH ST.  
CITY-ST-ZIP CLEVELAND, TN 37312

TITLE ST  
NAME CLAYTON, ANGELENA Y  
STREET ADDRESS 3570 KEITH ST.  
CITY-ST-ZIP CLEVELAND, TN 37312

TITLE MGRM  
NAME CROSS, CINDY S  
STREET ADDRESS 3570 KEITH ST.  
CITY-ST-ZIP CLEVELAND, TN 37312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-12-04 (423)473-5868

Date

Daytime Phone #

Joan E. Thurmond, Assistant Secretary