

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

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



01102006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

1100000478362
04/08/06-80002-022 50.00

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 MGR
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

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

3-14-06