


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000002427**

1. Entity Name  
**KWW OCALA, LLC**



Principal Place of Business <b>55 HAYDEN AVENUE, SUITE 3200          LEXINGTON, MA 02421</b>	Mailing Address <b>55 HAYDEN AVENUE, SUITE 3200          LEXINGTON, MA 02421</b>
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**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0087015</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ANGELL CORPORATE SERVICES, INC.  
 ONE NORTH CLEMATIS STREET, SUITE 400  
 WEST PALM BEACH, FL 33401**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORLEY, NOLLY E 55 HAYDEN AVENUE, SUITE 3200 LEXINGTON, MA 02421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINES, EDWARD F JR 55 HAYDEN AVENUE, SUITE 3200 LEXINGTON, MA 02421
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nolly Corley** **NOLLY CORLEY** **1/5/2005** **781-274-2101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #