

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90032 011 ****50.00

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1. Entity Name
KWW OCALA, LLC

Principal Place of Business
**55 HAYDEN AVENUE, SUITE 3200
 LEXINGTON, MA 02421**

Mailing Address
**55 HAYDEN AVENUE, SUITE 3200
 LEXINGTON, MA 02421**

20001109



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

20-0087015

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME CORLEY, NOLLY E
 STREET ADDRESS 55 HAYDEN AVENUE, SUITE 3200
 CITY-ST-ZIP LEXINGTON, MA 02421

TITLE MGR Change Addition
 NAME Joseph Harzilli
 STREET ADDRESS 55 Hayden Ave, Suite 3200
 CITY-ST-ZIP Lexington, MA 02421

TITLE MGR Delete
 NAME HINES, EDWARD F JR
 STREET ADDRESS 55 HAYDEN AVENUE, SUITE 3200
 CITY-ST-ZIP LEXINGTON, MA 02421

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Nolly Corley **NOLLY CORLEY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/2007
 Date

781-274-7101
 Daytime Phone #