


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000003743

1. Entity Name
OAK RIDGE INVESTMENT ASSOCIATES, LLC



Principal Place of Business 155 SOUTH MIAMI AVENUE, PH IIA MIAMI, FL 33130	Mailing Address 155 SOUTH MIAMI AVENUE, PH IIA MIAMI, FL 33130
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04212006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

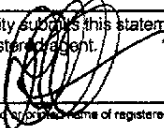
4. FEI Number 65-1110152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIRLIN, DANIEL
 155 SOUTH MIAMI AVENUE, PH IIA
 MIAMI, FL 33130**

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  _____ DATE 4-26-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

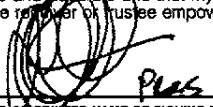
**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANTHER OAKRIDGE, INC. 155 S MIAMI AVE P#IIA MIAMI, FL 33130
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 05/13/06-80059-015 50.00

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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:  _____ DATE 4-26-06 Daytime Phone # _____

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