

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006480

FILED
Jul 21, 2004
Secretary of State

Entity Name: OAKEN ENTERPRISES, LLC

Current Principal Place of Business:

4472 BAY SHORE CIR.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

4472 BAY SHORE CIR.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 45-0470904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, KIM
4472 BAY SHORE CIR.
TALLAHASSEE, FL 32309

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRADY, KIMBERLY W MS
Address: 4472 BAYSHORE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGRM () Delete
Name: BRADY, ANDREW C MR
Address: 4472 BAYSHORE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KIMBERLY W. BRADY

MGRM

07/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date