2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90132 015 ****50.00

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1. Entity Name
OAKWOOD APARTMENTS, L.L.C.

60004162

01162007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
~~1101 6TH AVENUE WEST, SUITE 203~~	~~1101 6TH AVENUE WEST, SUITE 203~~
~~BRADENTON FL 34205~~	~~BRADENTON FL 34205~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2712 Palma Sola Blvd.	2712 Palma Sola Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34209 Country:	Zip: 34209 Country:

4. FEI Number 05-0541058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAYNES, DELTON L
~~1101 6TH AVENUE WEST, SUITE 203~~
~~BRADENTON, FL 34205~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2712 Palma Sola Blvd.
City Bradenton FL Zip Code 34209

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HAYNES, DELTON L ~~1101 6TH AVE WEST SUITE 203~~ ~~BRADENTON FL 34205~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2712 Palma Sola Blvd. Bradenton, FL 34209	☒ Change ☐ Addition
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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: Delton L Haynes 1-16-07 (941)807-5044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #