

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032418

FILED
Apr 26, 2004
Secretary of State

Entity Name: OARE ASSOCIATES, LLC

Current Principal Place of Business:

15 CORTE VISTA
PALM COAST, FL 32137

New Principal Place of Business:

191 ISLAND ESTATES PARKWAY
PALM COAST, FL 32137

Current Mailing Address:

15 CORTE VISTA
PALM COAST, FL 32137

New Mailing Address:

191 ISLAND ESTATES PARKWAY
PALM COAST, FL 32137

FEI Number: 82-0575690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OARE, CAROL F
15 CORTE VISTA
PALM COAST, FL 32137

Name and Address of New Registered Agent:

OARE, CAROL F
191 ISLAND ESTATES PARKWAY
PALM COAST, FL 32137

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: _____

04/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: OARE, CAROL F
Address: 15 CORTE VISTA
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete
Name: OARE, ELIZABETH L
Address: 1239 PRISTINE PLACE
City-St-Zip: LUTZ, FL 35549 US

Title: MGR () Delete
Name: OARE, ROBERT L III
Address: 13621 NW 112 AVENUE
City-St-Zip: ALACHUA, FL 32615 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OARE, CAROL F
Address: 191 ISLAND ESTATES PARKWAY
City-St-Zip: PALM COAST, FL 32137

Title: MGR (X) Change () Addition
Name: SHANKS, ELIZABETH O
Address: 1239 PRISTINE PLACE
City-St-Zip: LUTZ, FL 35549 US

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: CAROL FORBES OARE

MGR

04/26/2004

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