

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032418

FILED
Apr 10, 2007
Secretary of State

Entity Name: OARE ASSOCIATES, LLC

Current Principal Place of Business:

191 ISLAND ESTATES PARKWAY
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

191 ISLAND ESTATES PARKWAY
PALM COAST, FL 32137

New Mailing Address:

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
191 ISLAND ESTATES PARKWAY
PALM COAST, FL 32137 US

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/MANAGERS:

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

Title: MGR () Delete
Name: SHANKS, ELIZABETH O
Address: 1514 NEWBERGER ROAD
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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 F. OARE

MGR

04/10/2007

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