

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032418

FILED  
Feb 25, 2009  
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

Title: MGR ( ) Delete  
Name: QUELLO, RICHARD B  
Address: 15 CORTE VISTA  
City-St-Zip: PALM COAST, FL 32137

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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

02/25/2009

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