


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000075161**

1. Entity Name  
**OAKWOOD MANAGEMENT, L.L.C.**



Principal Place of Business <b>4050 N.E. 1ST AVENUE          SUITE # 117          OAKLAND PARK, FL 33334</b>	Mailing Address <b>4050 N.E. 1ST AVENUE          SUITE # 117          OAKLAND PARK, FL 33334</b>
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**DO NOT WRITE IN THIS SPACE**



03232007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>56-2522009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FEINBERG, JEFFREY ESQ  
 C/O FEINBERG & MAIDENBAUM  
 4000 HOLLYWOOD BOULEVARD, SUITE 350-N  
 HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR FLJANKOVIC, SINISA MR 4050 1ST AVENUE OAKLAND PARK, FL 33334
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 05/21/07-80031-009 50.00

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 606, Florida Statutes.

**SIGNATURE:** Bradford C. Banta **4-24-07** **954 566 0759**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #