2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000075161

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



Principal Place of Business

4050 N.E. 1ST AVENUE SUITE # 117

OAKLAND PARK, FL 33334

Mailing Address

4050 N.E. 1ST AVENUE SUITE # 117 OAKLAND PARK, FL 33334

FILED May 05, 2008 8:00 am Secretary of State

05-05-2008 90042 017 ***138.75

60039384



04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2522009

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 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 |

| HOLLYWOOD, FL 33021 | | IN THIS SPACE |
|-----------------------------|---|--|
| 8. The above the obligation | named entity submits this statement for the purpose of changing its registere ons of registered agent. | d office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered | Agent signature required when reinstating) DATE |
| FILE After May | NOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.75 | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE | MR | |
| NAME | FLJANKOVIC, SINISA MR | |
| STREET ADDRESS | 4050 1ST AVENUE | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33334 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | DO NOT WRITE |
| CITY-ST-ZIP | | DO NOT WKITE |
| TITLE | | IN THIS SPACE |
| NAME | | IN THIS STACE |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| | | |

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: DR PRINTED NAME OF PICKING MANAGING MEMBER OR AUTHORIZED REPORTED TYPE

4-29-08

954-566-0759

Daytime Phone