

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040428

Entity Name: OAKLAND 1008, LLC

FILED  
May 16, 2007  
Secretary of State

**Current Principal Place of Business:**

1290 WESTON RD  
SUITE 214  
WESTON, FL 33326

**New Principal Place of Business:**

1040 WESTON RD  
SUITE 315  
WESTON, FL 33326

**Current Mailing Address:**

1290 WESTON RD  
SUITE 214  
WESTON, FL 33326

**New Mailing Address:**

1040 WESTON RD  
SUITE 315  
WESTON, FL 33326

FEI Number: 20-2817354      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GUEVARA, MANUEL M  
1290 WESTON RD.  
SUITE 214  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

GUEVARA, MANUEL M  
1040 WESTON RD.  
SUITE 315  
WESTON, FL 33326 US

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: MANUEL M GUEVARA

05/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GUEVARA, MANUEL M  
Address: 1290 WESTON RD SUITE 214  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GUEVARA, MANUEL M  
Address: 1040 WESTON RD SUITE 315  
City-St-Zip: WESTON, FL 33326

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: MANUEL M GUEVARA

MGR

05/16/2007

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