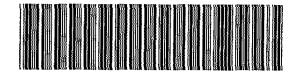
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SECRETARY OF STATE

OU (133)



September 18, 2006

DANIEL DIGENNARO 680 NE MARINE DRIVE BOCA RATON, FL 33431

SUBJECT: OAK CREEK CAPITAL MANAGEMENT, LLC

Ref. Number: L06000017733

We have received your document for OAK CREEK CAPITAL MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Document Specialist ng of your document, please on IOV SET ON IO

## COVER LETTER

Amendment Section Division of Corporations SUBJECT: Oak Creek Capital Management, LLC (Name of Corporation) DOCUMENT NUMBER: L06000017733 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Daniel DiGennaro (Name of Contact Person) Oak Creek Capital Management, LLC (Firm/Company) 680 NE Marine Drive (Address) Boca Raton, FL 33431 (City/State and Zip Code) For further information concerning this matter, please call: 561 393-1918 (Area Code & Daytime Telephone Number) Daniel DiGennaro (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section **Mailing Address:** Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2/16/06 L06000017595			
3. Date of filing/regis	tration in Florida	4. Document num	ber
5. The name of the reg Florida Department		egistered office address as shown or	n the records of the
	Daniel DiGenr	naro	70. 21
		Name	
	433 PLAZA RE		2006 NOV 13 SECRETAR)
		Address	NOV 13
	BOCA RATON,		SERY 3
	C	ity, State and Zip	
6. The name and addre	ess of the new registere	ed agent and/or office:	AMII: 16 OF STATE E.FLORID
	Daniel DiGenna	aro	同用 あ
	680 NE Marine	Name Drive	<b>J</b>
	<del></del>	lress (P.O. Box NOT acceptable)	t v v v v v v v v v v v v v v v v v v v
	Boca Raton	FL 33431	
	Cit	y, State and Zip	•

(Signature of a member or authorized representative of a member) Daniel DiGennaro, Member (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00** 

INHS18 (8/05)