

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 15, 2008  
Secretary of State**

DOCUMENT# L07000052564

Entity Name: STRAWBERRY OAKS, LLC

**Current Principal Place of Business:**

1019 TOWN CENTER DRIVE SUITE 200  
C/O JOHN WANAMAKER, CCIM  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

1019 TOWN CENTER DRIVE SUITE 200  
C/O JOHN WANAMAKER, CCIM  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 26-0324423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WANAMAKER, JOHN CCIM  
1019 TOWN CENTER DRIVE SUITE 200  
ORANGE CITY, FL 32763 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: WANAMAKER, JOHN  
Address: 1019 TOWN CENTER DRIVE SUITE 200  
City-St-Zip: ORANGE CITY, FL 32763

**ADDITIONS/CHANGES:**

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: JOHN WANAMAKER      MGR      04/15/2008

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