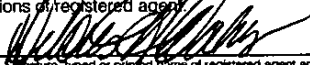
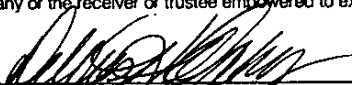


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90040 031 ****50.00

DOCUMENT # M05000003574 1. Entity Name OAKES LIMITED COMPANY					
Principal Place of Business 6348 PINE JOG AVENUE BOCA RATON, FL 33433			Mailing Address 6348 PINE JOG AVENUE BOCA RATON, FL 33433		
2. Principal Place of Business 16726 70th St. North Suite, Apt. #, etc.		3. Mailing Address 8983 Okeechobee Blvd. Suite, Apt. #, etc.			
City & State Loxahatchee, FL		City & State West Palm Beach, FL		4. FEI Number 47-0917720	
Zip 33470		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OAKES, DELORES H 6348 PINE JOG AVENUE BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16726 70th Street North City Loxahatchee FL Zip Code 33470	
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  Delores H. Dakes - President DATE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OAKES, DELORES H 6348 PINE JOG AVENUE BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	16726 70th St. North Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OAKES, BRIAN D 6348 PINE JOG AVENUE BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	16726 70th St. North Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		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:  Delores H. Dakes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date _____ Daytime Phone # (561) 790-6527	