2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000006446

1. Entity Name

OAKLEY GROVE DEVELOPMENT LLC



Principal Place of Business

Mailing Address

C/O CORNERSTONE REAL ESTATE ADVISERS LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033 C/O CORNERSTONE//REGIONAL COUNSEL 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033

FILED Feb 06, 2008 8:00 am Secretary of State

02-06-2008 90177 001 ***971.25

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01182008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	_	Applied For
	NOT APPLICABLE		Not Applicable
5.	Certificate of Status Desired	\$5.00) Additional

Y

6. Name and Address of Current Registered Agent

Umill 1

SIGNATURE AND TYPED OR PRI

SIGNATURE:

DO NOT WRITE IN THIS SPACE

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

1/18/p8

860 5092297

Daytime Phone #

SIGNATURE						
	Signature, typed ox printed name or registered agent and line if displicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM THE GROVE AT WEST CHAPEL DEVELOPMENT 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033	LLC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN ⁻	THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP						
THLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filling 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.						

D NAME OF SIGNING MEMBER, OR AUTHORIZED REPRESENTATIVE

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