


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90120 006 ***138.75

| | |
|---------------------------------------|---|
| DOCUMENT # M06000006162 |  |
| 1. Entity Name MSKP OAK GROVE, LLC | |

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|---|---|
| Principal Place of Business 9055 IBIS BLVD. WEST PALM BEACH, FL 33412 | Mailing Address 9055 IBIS BLVD. WEST PALM BEACH, FL 33412 |
|---|---|

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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03262008 Chg-LLC CR2E083 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 77-0665630 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SPEER, GEORGE 9055 IBIS BLVD WEST PALM BEACH, FL 33412 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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.

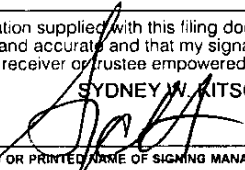
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BABCOCK FLORIDA COMPANY 9055 IBIS BLVD. WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SYDNEY W. MITSON, AUTHORIZED REPRESENTATIVE

SIGNATURE:  **4-23-08 561-624-4000**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #