

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A23000000541

**Entity Name:** OAK TREE FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**FILED**  
**Feb 26, 2024**  
**Secretary of State**  
**1693030174CC**

**Current Principal Place of Business:**

2600 S DOUGLAS ROAD  
SUITE 1008  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2600 S DOUGLAS ROAD  
SUITE 1008  
CORAL GABLES, FL 33134 US

**FEI Number:** 93-4482527

**Certificate of Status Desired:** No

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

TOLLEY, RACHEL  
2600 S DOUGLAS ROAD  
SUITE 1008  
CORAL GABLES, FL 33134 US

*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

**General Partner Detail :**

Document # \_\_\_\_\_  
Name MADERAL, FRANCISCO R TRUSTEE  
Address 2600 S DOUGLAS ROAD  
City-State-Zip: CORAL GABLES FL 33134

Document # \_\_\_\_\_  
Name MADERAL, ANDREA D TRUSTEE  
Address 2600 S DOUGLAS ROAD  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCISCO R. MADERAL, TRUSTEE

**GENERAL PARTNER**

**02/26/2024**

\_\_\_\_\_

Electronic Signature of Signing General Partner Detail

\_\_\_\_\_

Date