


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90030 046 *****55.00

DOCUMENT # L00000001718	
1. Entity Name OAK ASSOCIATES, L.L.C.	

Principal Place of Business 3491-11 THOMASVILLE RD., STE. 222 TALLAHASSEE FL 32309	Mailing Address 3491-11 THOMASVILLE RD., STE. 222 TALLAHASSEE FL 32309
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 59-3625161		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent O'LEARY, PATRICK G 3491-11 THOMASVILLE RD., STE. 222 TALLAHASSEE FL 32309		7. Name and Address of New Registered Agent
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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'LEARY, PATRICK G 3491-11 THOMASVILLE RD., STE. 222 TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patrick G. O'Leary 4/27/05 386.9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #