

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90024 013 ***143.75

DOCUMENT # L00000001718

1. Entity Name
OAK ASSOCIATES, L.L.C.



Principal Place of Business
**249 JOHN KNOX RD
SUITE 100
TALLAHASSEE, FL 32303**

Mailing Address
**3491-11 THOMASVILLE RD., STE. 222
TALLAHASSEE, FL 32309**



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
59-3625161

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$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**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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	MGRM
NAME	O'LEARY, PATRICK G
STREET ADDRESS	3491-11 THOMASVILLE RD., STE. 222
CITY-ST-ZIP	TALLAHASSEE, FL 32309

TITLE	
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Patrick G. O'Leary, Mgr

4/30/08

850/386-8500