

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001749

Entity Name: OAKLAND SQUARE, L.L.C.

FILED  
Feb 18, 2009  
Secretary of State

**Current Principal Place of Business:**

3058 N. FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 56316  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

FEI Number: 65-0985392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEAVER, BEN  
1319 WEAVER GLEN RD  
JACKSONVILLE, FL 32223 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEAVER, BEN  
Address: 1319 WEAVER GLEN RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM ( ) Delete  
Name: WEAVER, DIANNE  
Address: 1319 WEAVER GLEN RD  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEAVER, BEN J  
Address: 1319 WEAVER GLEN RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM (X) Change ( ) Addition  
Name: WEAVER, DIANNE J  
Address: 1319 WEAVER GLEN RD  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 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: BEN J. WEAVER

MGRM

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date