

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002129

1. Entity Name
OAK FIDELITY TRUST, LLC



Principal Place of Business
**2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461-6606**

Mailing Address
**2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461-6606**



04062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0990436

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUKIN, ROGER
2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461-6606**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JAMES B RUKIN REVOCABLE TRUST
STREET ADDRESS 2328 10TH AVE. NORTH, SUITE 403
CITY-ST-ZIP LAKE WORTH, FL 334616606

TITLE MGRM
NAME JULIA R. RUKIN REVOCABLE TRUST
STREET ADDRESS 2328 10TH AVE. NORTH SUITE 403
CITY-ST-ZIP LAKE WORTH, FL 334616606

TITLE MGR
NAME RUKIN, ROGER B
STREET ADDRESS 2328 10TH AVE NO. STE 403
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE
NAME
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CITY-ST-ZIP

U000000312480
04/18/05-80083-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/14/05 561 586-0100
Date Daytime Phone #