


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002129</b> 1. Entity Name <b>OAK FIDELITY TRUST, LLC</b>	
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Principal Place of Business <b>2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606</b>	Mailing Address <b>2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606</b>
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04122007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0990436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RUKIN, ROGER 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

**Filing Fee is \$50.00  
Due by May 1, 2007**

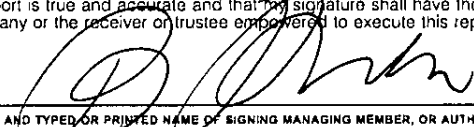
U000000708537  
04/24/07-80120-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JAMES B RUKIN REVOCABLE TRUST 2328 10TH AVE. NORTH, SUITE 403 LAKE WORTH, FL 334616606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JULIA R. RUKIN REVOCABLE TRUST 2328 10TH AVE. NORTH SUITE 403 LAKE WORTH, FL 334616606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUKIN, ROGER B 2328 10TH AVE NO. STE 403 LAKE WORTH, FL 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

4/12/07 561 5860100