

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000005735

1. Entity Name
KISSIMMEE OAKS, L.L.C.



Principal Place of Business
12773 W FOREST HILL BLVD
1211
WELLINGTON, FL 33414

Mailing Address
12773 W FOREST HILL BLVD
1211
WELLINGTON, FL 33414



01202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1018531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRESCOTT, WARREN L
51 RIVER DRIVE
TEQUESTA, FL 33469

**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 _____

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 MGR
NAME PRESCOTT, WARREN L
STREET ADDRESS 51 RIVER DRIVE
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE MGRM
NAME PRESCOTT, LOWRDES M
STREET ADDRESS 51 RIVER DRIVE
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE D
NAME PRESCOTT, JESSICA L
STREET ADDRESS 51 RIVER DRIVE
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE D
NAME PRESCOTT, WARREN L JR
STREET ADDRESS 51 RIVER DR
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000837395
03/04/08-80055-019 138.75

**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 #