


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000007328 1. Entity Name OAK STREET PARTNERS, LLC |  |
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|---|---|
| Principal Place of Business 1811 CORNETT PLACE KISSIMMEE FL 34741 | Mailing Address 1811 CORNETT PLACE KISSIMMEE FL 34741 |
|---|---|



1st MOORE CR2E083 (10/04)

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|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---------------------------------|--|
| 4. FEI Number 59-3661105 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

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|--|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | 7. Name and Address of New Registered Agent |
| 6. Name and Address of Current Registered Agent WOODS, JONATHAN D ESQ 425 WEST COLONIAL DRIVE SUITE 204 ORLANDO FL 32804 | |
| Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------|----------------------------|---------------------------------|--|-----------------------|--|--|--|
| TITLE | MGRM NYBERG, EBERT C JR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | 1811 CORNETT PLACE | | | NAME | | | |
| STREET ADDRESS | KISSIMMEE FL 34741 | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
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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: Ebert C. Nyberg Jr. EBERT C. NYBERG JR. April 25, 2005 (407) 846-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #