

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90092 050 \*\*\*\*55.00

**DOCUMENT # L00000011948**

1. Entity Name  
**OAKLEY REALTY, LLC**

Principal Place of Business      Mailing Address  
 1101 ABC ROAD                      1101 ABC ROAD  
 LAKE WALES FL 33859              LAKE WALES FL 33859

86005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 101 ABC Rd.                          101 ABC Rd.  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.

City & State                              City & State  
 Lake Wales, FL                      Lake Wales, FL  
 Zip    Zip    Country                              Country  
 33859                                      33859                                      USA                                      USA

4. FEI Number      **APPLIED FOR**      Applied For  
 59-3675013                                      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OAKLEY, RONALD E**  
 1101 ABC ROAD  
 LAKE WALES FL 33859

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>OAKLEY, RONALD E</b> <b>1101 ABC ROAD</b> <b>LAKE WALES FL 33859</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ronald E. Oakley      **REQUIRED**      **Ronald E. Oakley 3/20/02 863-638-1435**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)