

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90007 001 \*\*\*\*55.00

0061249

**DOCUMENT # L00000011948**

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



Principal Place of Business: **101 ABC ROAD LAKE WALES FL 33859**

Mailing Address: **101 ABC ROAD LAKE WALES FL 33859**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-3675013**

Applied For:  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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

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

**10. ADDITIONS/CHANGES**

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)