


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000012773 1. Entity Name OREGON AVENUE PARTNERS, L.L.C.	
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Principal Place of Business 5316 MILLSTREAM DRIVE ST. CLOUD, FL 34771	Mailing Address 5316 MILLSTREAM DRIVE ST. CLOUD, FL 34771
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DO NOT WRITE IN THIS SPACE



07142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3675176	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR. 1031 W. MORSE BLVD., SUITE 105 WINTER PARK, FL 32789	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JORDAN, JOHN P 5316 MILLSTREAM DRIVE ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JORDAN, LAURITA M 5316 MILLSTREAM DRIVE ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWDY, JASON G 719 OREGON AVE ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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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)(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: *Laurita M. Jordan* **LAURITA M. JORDAN** 7-14-05 (407) 957-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #