


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90300 036 ****50.00

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| DOCUMENT # L01000003325 |  |
| 1. Entity Name OAKLAND CENTRE, L.L.C. | |

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| Principal Place of Business 16131 WEST COLONIAL DRIVE OAKLAND, FL 34760 | Mailing Address P.O. BOX 1055 OAKLAND, FL 34760-1055 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

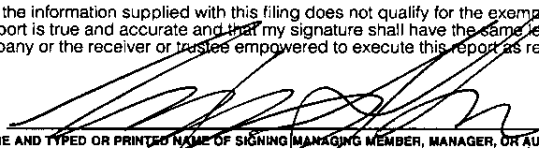
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| 03092004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 59-3703237 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SIDELL, JON THOMAS 12835 RIDGE AVE. CLERMONT, FL 34711 | |
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| 7. Name and Address of New Registered Agent Name Sidney H. Shams Street Address (P.O. Box Number is Not Acceptable) Moran & Shams, P.A. 111 N. Orange Ave., Suite 1200 City Orlando, FL Zip Code 32801 | |
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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  | DATE 3-22-04 |
| Filing Fee is \$50.00 Due by May 1, 2004 | |
| Make check payable to Florida Department of State | |

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRP SIDELL, JON THOMAS 12835 RIDGE AVE CLERMONT, FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BUTTS, BONNIE B 2248 S. LAKESHORE DR CLERMONT, FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUTTS, CHARLES S 2248 S LAKESHORE DR CLERMONT, FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUTTS, BONNIE B 2248 S. LAKESHORE DR CLERMONT, FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | Date March 22, 2004 407-841-4141 |