

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91595 032 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000004150**

1. Entity Name  
**OAK FEED REAL ESTATE, LLC**

Principal Place of Business  
**110 MERRICK WAY, SUITE 3B  
 CORAL GABLES FL 33134**

Mailing Address  
**110 MERRICK WAY, SUITE 3B - 434 Aragon Ave  
 CORAL GABLES FL 33134**

368268

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Coral Gables FL**

4. FEI Number

**65-1151689**

Applied For

Not Applicable

Zip

Country

Zip

Country  
**USA**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOCKERTY, SUZANNE A  
 110 MERRICK WAY, SUITE 3B  
 CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(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>Managing Member</b> <input type="checkbox"/> Delete <b>Sandy Pukel</b> <b>434 Aragon Ave</b> <b>CORAL GABLES FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member</b> <input type="checkbox"/> Delete <b>Dean Goodman</b> <b>525 S FLAGLER DR #21A</b> <b>W. Palm Bch FLA 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member</b> <input type="checkbox"/> Delete <b>Carlo Fontenesi</b> <b>3396 CRYSTAL CT</b> <b>COCONUT GROVE FL 33133</b>
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

CR2E083 (9/01)

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:

**SANDY PUKEL**

**3/31/02**

**(308) 725004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Day

Daytime Phone #