2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000005688

1. Entity Name 1016 OAK STREET CO., L.L.C.



Principal Place of Business

806 RIVERSIDE AVE. JACKSONVILLE, FL 32204 Mailing Address

806 RIVERSIDE AVE. JACKSONVILLE, FL 32204

FILED Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90024 011 ****50.00

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DO NOT WRITE IN THIS SPACE

01202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3711229

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSON, KARL B JR. 50 NORTH LAURA STREET SUITE 2800 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

			<u> </u>
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			
Signature, typed or printed name of registered agent and title if applicable,		(NOTE: Registered Agent signature required when reinstate	ing) DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		5 35 m e 2 m
TITLE	MGRM		
NAME	HARDEN, M. C. III		
STREET ADDRESS	806 RIVERSIDE AVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32204	i*	· ·
TITLE	MGRM		
NAME	LUNETTA, PAUL		
STREET ADDRESS	806 RIVERSIDE AVE	*	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		
TITLE		منته والمتعلق المتعلق والمتعلق	ريخل شيششسسسد درستي بأكاريود المسابقة فالمعاب يسيدكي المستعدد بالتشاي لينتأكره والمتك
NAME			
STREET ADDRESS			O NOT WRITE
CITY-ST-ZIP			O NOT WHILE
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TITLE			
NAME			*•

11. I hereby certify that the information supplied with this filling 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 adcurate 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED

E OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/05

Daytime Phone #