

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90160 003 ***138.75

DOCUMENT # L01000005688

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



Principal Place of Business
806 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

Mailing Address
PO BOX 2286
JACKSONVILLE, FL 32203

00004854



2. Principal Place of Business - No P.O. Box #
501 Riverside Avenue

3. Mailing Address

Suite, Apt. #, etc.
Suite 1000

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

Zip
32202

Country
USA

Zip

Country

04152008 Chg-LLC CR2E083 (12/06)

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARDEN, M. C. III
806 RIVERSIDE AVE
JACKSONVILLE, FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Harden, M.C. III
501 Riverside Avenue, Suite 1000
Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LUNETTA, PAUL
806 RIVERSIDE AVE
JACKSONVILLE, FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Lunetta Paul
501 Riverside Avenue, Suite 1000
Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

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

4/15/08

Date

Daytime Phone #