

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021281

FILED
May 02, 2007
Secretary of State

Entity Name: OACO, LLC

Current Principal Place of Business:

11217 SAN JOSE BLVD.,
JACKSONVILLE, FL 32223

New Principal Place of Business:

3030 HARTLEY RD.
SUITE 270
JACKSONVILLE, FL 32257

Current Mailing Address:

11217 SAN JOSE BLVD.,
JACKSONVILLE, FL 32223

New Mailing Address:

3030 HARTLEY RD.
SUITE 270
JACKSONVILLE, FL 32257

FEI Number: 59-3759904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWTON, CLIFFORD B
10192 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ARNOLD, CHARLES W III
Address: 11217 SAN JOSE BLVD.,
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: HINSON, DAVID L
Address: 11217 SAN JOSE BLVD.,
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP (X) Delete
Name: SKAFF, DANA R
Address: 11217 SAN JOSE BLVD.,
City-St-Zip: JACKSONVILLE, FL 32223

Title: ST (X) Delete
Name: JOHNSON, SUSAN
Address: 11217 SAN JOSE BLVD.,
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP (X) Delete
Name: UDELL, ROBERT E
Address: 11217 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: ARNOLD, CHARLES W III
Address: 3030 HARTLEY RD., SUITE 270
City-St-Zip: JACKSONVILLE, FL 32257

Title: S (X) Change () Addition
Name: BELL, GINA G
Address: 3030 HARTLEY RD., SUITE 270
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES W. ARNOLD, III

P

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date