


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90029 046 ***138.75

DOCUMENT # L01000021281

1. Entity Name
 OACO, LLC



Principal Place of Business
 3030 HARTLEY RD.
 SUITE 350
 JACKSONVILLE, FL 32257

Mailing Address
 3030 HARTLEY RD.
 SUITE 350
 JACKSONVILLE, FL 32257

60029379



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03132008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
 59-3759904

Applied For:
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NEWTON, CLIFFORD B
 10192 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent
 Name F&L CORP.
 Street Address (P.O. Box Number Is Not Acceptable)
 ONE INDEPENDENT DRIVE, SUITE 1300
 City JACKSONVILLE FL Zip Code 32202

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. F&L CORP.

SIGNATURE BY *Charles V. Hedrick* Charles V. Hedrick, Authorized Signatory 3/14/08
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		
TITLE	P	<input type="checkbox"/> Delete
NAME	ARNOLD, CHARLES W III	
STREET ADDRESS	3030 HARTLEY RD., SUITE 350	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELL, GINA G	
STREET ADDRESS	3030 HARTLEY RD., SUITE 350	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 60B, Florida Statutes.

SIGNATURE: *Charles W. Arnold, III* Charles W. Arnold, III 4/15/08 904-262-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #