2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # L02000004491 FIVE OAKS, L.L.C. Principal Place of Business Mailing Address KING CHARTER CO. 2125 WINDWARD WAY SUITE 200 VERO BEACH FL 32963 KING CHARTER CO. 2125 WINDWARD WAY SUITE 200 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. MOORE CR2E083 (11/03) Applied For City & State 4. FEI Number City & State 65-1168544 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARRIS, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 817 BEACHLAND BLVD. VERO BEACH FL 32963 Zip Code City 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. (NOTE, Registered Agent aignature required when reinstaling) FILE NOW!!! FEE IS \$50.00 U00000063647 Make Check Payable to Florida Department of State 02/23/04-80169-017 50.00 Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE ☐ Change ☐ Addition MAGRIM ☐ Delete TESTE BABCOCK, CHARLES I JR. NAME NAME STREET ADDRESS 2125 WINDWARD WAY SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Change. ☐ Addition TITLE Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete HILE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C#1Y-57-Z#P ☐ Change Addition ML ☐ Delete IBIE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(1). 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.

FILED

2/19/2004 778-281-7760