2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005587

Entity Name: ONS-WADE GREEN, LLC

1314 E. VENICE AVENUE, SUITE D

City-St-Zip: VENICE, FL 34292 US

Address:

FILED Apr 30, 2009 Secretary of State

Compart Daineiral Place of Business			New Principal Place	New Dringing Diggs of Business	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6185 DANNER DRIVE SARASOTA, FL 34240			4485 TENCH ROAD, SUITE 2321 SUWANEE, GA 30024 US		
Current Mailing Address:			New Mailing Address:		
P.O. BOX TALLEVAS	1049 ST, FL 34270				
FEI Number: 02-0561865		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1314 EAS ² SUITE D	, MICHAEL D T VENICE AVE FL 34292 US				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () SMITH, LINDA (P. O. BOX 1049 TALLEVAST, FL)	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () SMITH, JERALI P. O. BOX 1049 TALLEVAST, FL)	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () GRISWELL, CA 4485 TENCH RI SUWANEE, GA	D., STE 2321	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () HORLICK, MICH	Delete HAEL	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LINDA SMITH MGRM 04/30/2009