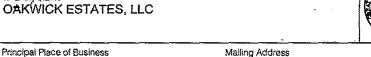
2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L02000011826 1. Entity Name OAKWICK ESTATES, LLC

FILED Apr 19, 2004 .08:00 AM **Secretary of State**

8501 RIVERSIDE DR NE

SAINT PETERSBURG, FL 33702





DO NOT WRITE IN THIS SPACE

8501 RIVERSIDE DR NE

SAINT PETERSBURG, FL 33702

04152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-3069455

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MONROSE, NINA G 5200 CENTRAL AVE. ST. PETERSBURG, FL 33707

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	1.			The second secon
	named entity submits this statement for the purpose of char lons of registered agent.	nglng its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signaturo, typed or printed name of registered agent and title if applicable.	ANOTE Description	destablished	DATE
	э-дганом, турео от ринае пате от зеднаяе в адангало нае и аррисаріе.	INDIE Hegistered	Agent algorature required when reinstating)	DAIL
Filing Fee is \$50.00 Due by May 1, 2004				U00000119353 04/19/04-80097-016 50.00
9.	MANAGING MEMBERS/MANAGERS .			
TITLE	MGR			
NAME	NIX, JOSEPH E			
STREET ADDRESS	8501 RIVERSIDE DR NE	_		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	2.25		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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