FILED
May 29, 2003 8:00 am
Secretary of State

04-28-2003 90092 026 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/28

DOCUMENT # L02000011826

1. Entity Name
OAKWICK ESTATES, LLC

Principal Place of Business
5817 PIERCE DR. NORTHEAST
ST. PETERSBURG FL 33703

Mailing Address
5817 PIERCE DR. NORTHEAST
ST. PETERSBURG FL 33703

440029904

2. Principal Place of Business: 8501 Riverside Dr NE	3. Mailing Address: 8501 Riverside Dr N.E
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg FL	City & State: St. Petersburg FL
Zip: 33702 / Country: Pinellas	Zip: 33702 / Country: Pinellas

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER NIX, JOSEPH E 8501 Riverside Dr NE St. Petersburg, FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: SIGNATURE MANAGER 4/25/03 727 6870555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #