FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90045 050 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012879

10103101

1. Entity Name
OAK TREE VENTURES, LLC.

Principal Place of Business	Mailing Address
3862 SHERIDAN STREET HOLLYWOOD, FL 33021 US	3862 SHERIDAN STREET HOLLYWOOD, FL 33021 US

2. Principal Place of Business	3. Mailing Address
20871 Johnson St.	20871 Johnson St.
Suite, Apt #, etc.: Suite 103	Suite, Apt #, etc.: Suite 103
City & State: Pembroke Pines, FL	City & State: Pembroke Pines
Zip: 33029 Country: U.S.A.	Zip: 33029 Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0607320 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAYSLES, COREY N
3862 SHERIDAN STREET
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name: Maysles, Corey
Street Address (P.O. Box Number Is Not Acceptable): 20871 Johnson St., Suite 103
City: Pembroke Pines FL Zip Code: 33029

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: [signature] General Manager 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM MAYSLES, COREY N 3862 SHERIDAN STREET HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRm maysleo, corey 20871 Johnson Street., Suite 103 Pembroke Pines, FL 33029	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEND, JOEL S 3862 SHERIDAN STREET HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRm Friend, Joel 20871 Johnson St. Suite 103 Pembroke Pines, FL 33029	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] G. Manager 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #