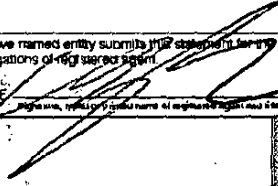
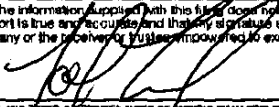


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90045 050 *****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000012879		
1. Entity Name OAK TREE VENTURES, LLC.		
Principal Place of Business 3862 SHERIDAN STREET HOLLYWOOD, FL 33021 US		Mailing Address 3862 SHERIDAN STREET HOLLYWOOD, FL 33021 US
3. Principal Place of Business 20871 Johnson St. Suite, Apt. #, etc. Suite 103 City & State Pembroke Pines, FL Zip 33029 Country U.S.A.	2. Mailing Address 20871 Johnson St. Suite, Apt. #, etc. Suite 103 City & State Pembroke Pines Zip 33029 Country U.S.A.	 ☐ CHECK HERE IF MAKING CHANGES
4. FEI Number 02-0607320		
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable
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 Applicable) 20871 Johnson St., Suite 103 City Pembroke Pines FL Zip Code 33029
A. 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 the stated agent. SIGNATURE  General Manager DATE 4/30/03 Signature, title, and date of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when changing.)		
		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGRM MAYSLES, COREY N 3862 SHERIDAN STREET HOLLYWOOD, FL 33021	10. ADDITIONS/CHANGES ☒ Change ☐ Addition MGRM maysles, Corey 20871 Johnson Street, Suite 103 Pembroke Pines, FL 33029 ☐ Change ☐ Addition MGRM Friend, Joel 20871 Johnson St. Suite 103 Pembroke Pines, FL 33029 ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGRM FRIEND, JOEL S 3862 SHERIDAN STREET HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(X), 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 authorized trustee empowered to execute this report as required by Chapter 605, Florida Statutes. SIGNATURE:  G. Manager DATE 4/30/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date		

CR2003 (1/002)