

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90092 027 *****50.00

DOCUMENT # L02000014333

1. Entity Name

OAKLEFE PARTNERS, LLC



Principal Place of Business

**2410 WEST BAY DRIVE
SUITE 421
LARGO FL 33770**

Mailing Address

**611 W. AZEELE STREET
TAMPA FL 33606**

2. Principal Place of Business

2401 West BAY DR

3. Mailing Address

2401 West BAY DR

Suite, Apt. #, etc.

Suite 421

Suite, Apt. #, etc.

Suite 421

City & State

LARGO FL

City & State

LARGO FL

Zip

33770 Pinellas

Zip

33770 Pinellas

Country

Pinellas

4. FEI Number

56-2291480

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FLINT, J. NELSON

**2410 WEST BAY DRIVE
SUITE 421
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

DAVID E. PLATTE

Street Address (P.O. Box Number is Not Acceptable)

605 INDIAN ROCKS RD

City

Belleair

FL

Zip Code

33756

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

David E. Platte

DAVID E. PLATTE

4/24/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FEELEY, WILLIAM L**
STREET ADDRESS **126 17TH AVENUE N E**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

William L Feeley
William L Feeley

4/24/03 727-581-2700

Date

Daytime Phone #

CR2E083 (10/02)

0033810