

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017124

FILED
Jan 17, 2004
Secretary of State

Entity Name: OSKA LLC

Current Principal Place of Business:

2021 TYLER STREET
C/O ABRAMS ANTON P.A.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2021 TYLER STREET
C/O ABRAMS ANTON P.
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 59-2769631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B
2021 TYLER STREET
HOLLYWOOD, FL 33020

Name and Address of New Registered Agent:

COHN, ALAN B
2021 TYLER STREET
C/O ABRAMS ANTON
HOLLYWOOD, FL 33020

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.

SIGNATURE: PHYLLIS S. MYERS

01/17/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ROTH, SANDRA C
Address: 6784 E. CEDAR AVE., APT. 509
City-St-Zip: DENVER, CO 80224 US

Title: MGRM () Delete
Name: WILSON, LOIS S
Address: 7409 BARRISTER CT.
City-St-Zip: SPOTSYLVANIA, VA 22553 US

Title: MGRM () Delete
Name: DIANE B. SCHILLER LI, VING TRUST
Address: 14006 HARBOUR POINTE RD.
City-St-Zip: MIDLOTHIAN, VA 23112 US

Title: MGRM () Delete
Name: MYERS, PHYLLIS S
Address: 14006 HARBOUR POINTE RD.
City-St-Zip: MIDLOTHIAN, VA 23112 US

Title: MGRM () Delete
Name: KLEIN, SUSAN R
Address: 1014 STAGECOACH RD.
City-St-Zip: SANTA FE, NM 87501 US

Title: MGRM () Delete
Name: CERVASIO, BARBARA J
Address: 240 MT. HOLLY RD.
City-St-Zip: KATONAH, NY 10536 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHYLLIS S. MYERS

DR.

01/17/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date