## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Jul 06, 2004 8:00 am Secretary of State DOCUMENT # L02000019296 1. Entity Name 07-06-2004 90154 027 \*\*\*\*50.00 OAKHURST PROPERTIES, LLC Principal Place of Business Mailing Address 3008 MANATEE AVENUE WEST 3008 MANATEE AVENUE WEST BRADENTON FL 34205 14004160 BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 16-1618824 Not Applicable Zip Country < Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6; Name and Address of Current Registered Agent Name ROWE, DONALD S Street Address (P.O. Box Number is Not Acceptable) 3008 MANATEE AVENUE WEST **BRADENTON FL 34205** City 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 Signature, typed or printed name of registered agent and title it 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, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Delete ☐ Change Addition ROWE, DONALD NAMÉ NAME STREET ADDRESS 3008 MANATEE AVENUE WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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 must

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

FILED