


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000030685 1. Entity Name FAIR OAKS PLAZA, LLC	
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Principal Place of Business 5401 S. DALE MABRY HWY TAMPA, FL 33611 US	Mailing Address 5401 S. DALE MABRY HWY TAMPA, FL 33611 US
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 38-3666471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STERN, ROBERT G.
101 E. KENNEDY BLVD., STE. 2700
TAMPA, FL 33601

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERN, ROBERT G 805 S ROME AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIO, MARK J 5401 S DALE MABRY HWY TAMPA, FL 33611
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03/11/08-80038-005 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2/26/08 813-839-2138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #