2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000000836

1. Entity Name
OAKRIDGE PARTNERS, LLC

Principal Place of Business	Mailing Address
1835 N.E. MIAMI GARDENS DRIVE # 193 NORTH MIAMI BEACH, FL 33179	1835 N.E. MIAMI GARDENS DRIVE # 193 NORTH MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

02132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
02-0678118
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEISTER, STEVEN
1835 N.E. MIAMI GARDENS DRIVE
193
NORTH MIAMI BEACH, FL 33179

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000445292
03/07/06-80037-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEISTER, STEVEN
STREET ADDRESS	1835 N.E. MIAMI GARDENS DRIVE, #193
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: MM 2/20/06 305 653-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #