

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|                                                                                   |                                                                                   |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000000836</b><br>1. Entity Name<br><b>OAKRIDGE PARTNERS, LLC</b> |  |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                               |                                                                                                   |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1835 N.E. MIAMI GARDENS DRIVE<br/># 193<br/>NORTH MIAMI BEACH, FL 33179</b> | Mailing Address<br><b>1835 N.E. MIAMI GARDENS DRIVE<br/># 193<br/>NORTH MIAMI BEACH, FL 33179</b> |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|



02132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>02-0678118</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>MEISTER, STEVEN<br/>1835 N.E. MIAMI GARDENS DRIVE<br/># 193<br/>NORTH MIAMI BEACH, FL 33179</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

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

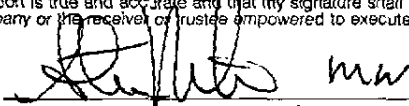
**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000445292  
03/07/06-80037-010 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                         |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MEISTER, STEVEN<br/>1835 N.E. MIAMI GARDENS DRIVE, #193<br/>NORTH MIAMI BEACH, FL 33179</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         |

**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:**  **mm**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/20/06** **305 653-2100**  
Date Daytime Phone #