

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Aug 23, 2004 8:00 am
Secretary of State

08-02-2004 90115 032 ***150.00

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07162004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000005358			
1. Entity Name LINDA P. OAKES, LLC			
Principal Place of Business 12349 BIRCH STREET BROOKSVILLE, FL 34613		Mailing Address 12349 BIRCH STREET BROOKSVILLE, FL 34613	
2. Principal Place of Business 12349 BIRCH ST Suite, Apt. #, etc.		3. Mailing Address 12349 BIRCH ST Suite, Apt. #, etc.	
City & State BROOKSVILLE FL		City & State BROOKSVILLE FL	
Zip 34613	Country HERNANDO	Zip 34613	Country HERNANDO
4. FEI Number 55-0820289		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 OAKES, LINDA P 12349 BIRCH STREET BROOKSVILLE, FL 34613		7. Name and Address of New Registered Agent Name: LINDA P. OAKES Street Address (P.O. Box Number is Not Acceptable) 12349 BIRCH ST City: BROOKSVILLE FL Zip Code: 34613	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LINDA P. OAKES 12349 BIRCH ST BROOKSVILLE FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LEROY T OAKES 12349 BIRCH ST BROOKSVILLE FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JORDAN L. OAKES 12349 BIRCH ST BROOKSVILLE FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Linda P. Oakes</u>		7-28-04 352-238-6844	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	