

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000008774

1. Entity Name
OAK VISTA PRESERVE, LLC



Principal Place of Business
**959 SIMMONS AVENUE
SARASOTA, FL 34232**

Mailing Address
**801 OAK VISTA DR.
SARASOTA, FL 34232**

DO NOT WRITE IN THIS SPACE



03152005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
43-2007887

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, SHERYL A ESQUIRE
1800 SECOND STREET, SUITE 720
SARASOTA, FL 34236**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, MARK 801 OAK VISTA DRIVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLLER, JAMES 817 OAK VISTA SARASOTA, FL 34232
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03/17/05-80027-020 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

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

3-15-05 941 377-4687

Date

Daytime Phone #