2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L0300009050

1. Entity Name
OASIS PROPERTIES, L.L.C.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FILED Jan 06, 2006 8:00 am Secretary of State

01-06-2006 90011 016 ****55.00

Principal Place of Business		Mailing Address			0.0.0.0	Mana				
6551 CENTRAL AVE. St. Petersburg, FL 33710		6551 CENTRAL AVE. St. Petersburg, Fl. 33710				60000202				
)			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042006	01042006 Chg-LLC CR2E083 (11/05)					
City & State		City & State		4. FEI Numb			Applied (
Zip Country		Zip Country		· · · · · · · · · · · · · · · · · · ·	33-10	01314		Not Appl		
r	Journal y		Obdition	,	5. Certificate	e of Status Desired	Fee R	O Additional equired	1	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
RACHEL, ANNETTE C				Name						
6551 CEN	TRAL AVE.	Street Ad			dress (P.O. Box Numi	ess (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG, FL 33710					***					
				City	 	FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its	registered	d office or r	registered agent, or b	oth, in the State of Flo	orida. I am familia	with, and a	ccept	
the obligat	ions of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered					e required when reinstating)		DATE		_	
			2,110,000,000	-		·	DAIL			
Filing Fee is \$50.00						Make check payable to				
Due by May 1, 2006						Florida	Department of	State		
9. MANAGING MEMBE		S/MANAGERS 10.		<u> </u>		ADDITIONS /	ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete	TITLE				□ Ct	nange	Addition	
NAME	RACHEL, ANNETTE C		NAME							
STREET ADDRESS CITY-ST-ZIP	6551 CENTRAL AVE.		STREET CITY-S	ADDRESS						
TITLE	ST. PETERSBURG, FL 33710 MGR		TITLE	51-ZIP						
NAME	DONAT, TRACY	☐ Delete	NAME		Donat, Tra		⊡ Cr	ange ∐ A	Addition	
STREET ADDRESS	6551 CENTRAL AVE		STREET	ADDRESS	Donar, Ira	u				
CITY-SI-ZIP SAINT PETERSBURG, FL 33710 CITY			CITY-S	ST-ZIP						
TITLE		☐ Defete	TITLE				Ct	алде 🔲 А	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS						
TITLE		□ Delete	TITLE	-			□ CI	sange	Addition	
NAME		L Coloto	NAME					g-v L		
STREET ADDRESS			STREET	ADORES\$						

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE: MOTHE Traci L. Donat
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/06 (727)381-655

☐ Change

☐ Change

☐ Addition

☐ Addition