## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED Mar 24, 2005 08:00 AM DOCUMENT # L03000009660 ... **Secretary of State** OAKWOOD KNOLL, L.L.C. Principal Place of Business Mailing Address 1420 S. FLORIDA AVENUE 1420 S. FLORIDA AVENUE LAKELAND, FL 33803 LAKELAND, FL 33803 03182005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1658243 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent HARPER, PAUL S DO NOT WRITE 1420 S. FLORIDA AVENUE LAKELAND, FL 33803 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 little if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE HARPER, PAUL S NAME STREET ADDRESS 1420 S. FLORIDA AVENUE CITY-ST-ZIP LAKELAND, FL 33803 TITLE 1100000274626 NAME 03/24/05-80019-015 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

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

CITY-ST-ZIP

Daytime Phone #