

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90196 026 ****55.00

DOCUMENT # L03000012212

1. Entity Name
HI-OAKS, LLC



Principal Place of Business
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751

Mailing Address
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751

60051025



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
5405 DIPLOMAT CIRCLE
Suite, Apt. #, etc.
STE 100
City & State
ORLANDO, FL
Zip Country
32810 US

04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0027724

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, KENNETH M
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name
CLAYTON, KENNETH M.
Street Address (P.O. Box Number is Not Acceptable)
c/o CLAYTON + McCULLER
1065 MAITLAND CENTER COMMONS BLVD.
City
MAITLAND FL Zip Code
32751

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

Kenneth M. Clayton

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

(NOTE: Registered Agent signature required when reinstating)

4/26/07

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CLAYTON, W. MALCOLM
5405 DIPLOMAT CIR., STE. 100
ORLANDO, FL 32810

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CLAYTON INVESTMENTS, LTD
5405 DIPLOMAT CIRCLE STE 100
ORLANDO, FL 32810

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Kenneth M. Clayton

KENNETH M. CLAYTON,
PRESIDENT

4/26/07

DATE

407.875-21055

Daytime Phone #

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