### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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#### DOCUMENT # L03000013678

1. Entity Name

OASIS APARTMENTS, L.L.C.



Principal Place of Business

500 CARIBBEAN DR. KEY LARGO, FL 33037 Mailing Address

500 CARIBBEAN DR. KEY LARGO, FL 33037

### FILED Mar 10, 2005 8:00 am Secretary of State

03-10-2005 90039 009 \*\*\*\*50.00

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03012005 No Chg-LLC

CR2E083 (10/03)

FEI Number 36-6424835		
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Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

KLOKKE, KARL W 500 CARIBBEAN DR KEY LARGO, FL 33037

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	statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	am familiar with, and accept
the obligations of registered agent.		
SIGNATURE	₹	

(NOTE: Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP:	MGRM THE 1998 KLOKKE FAMILY TRUST 500 CARIBBEAN DR. KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KARL W. KLOAKE, TMISTER GOO COMBBIRAD DKINE heen happy KL 33037
NAME STREET ADDRESS CITY-ST-ZIP	NANCY L KLOKKE, TRUSTER 500 CARIBBEAN DR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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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:

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

13-3-05

Daytime Phor