

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90166 007 \*\*\*\*50.00

**60028044**



02182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 36-6424835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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	TR KLOKKE, KARL W 500 CARIBBEAN DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR KLOKKE, NANCY L 500 CARIBBEAN DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE: *Karl W Klokke Nancy L Klokke* 3/20/07 305 394-2196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #