

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013678

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: OASIS APARTMENTS, L.L.C.

**Current Principal Place of Business:**

500 CARIBBEAN DR.  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

500 CARIBBEAN DR.  
KEY LARGO, FL 33037

**New Mailing Address:**

FEI Number: 36-6424835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THE 1998 KLOKKE FAMI, LY TRUST  
Address: 500 CARIBBEAN DR.  
City-St-Zip: KEY LARGO, FL 33037

Title: TR ( ) Delete  
Name: KLOKKE, KARL W  
Address: 500 CARIBBEAN DRIVE  
City-St-Zip: KEY LARGO, FL 33037

Title: TR ( ) Delete  
Name: KLOKKE, NANCY L  
Address: 500 CARIBBEAN DRIVE  
City-St-Zip: KEY LARGO, FL 33037

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KARL KLOKKE

TR

02/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date