


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000015766 1. Entity Name OAK INVESTMENTS, LLC	
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Principal Place of Business 528 SIXTH STREET PORT ST. JOE, FL 32456 US	Mailing Address P.O. BOX 340 PORT ST. JOE, FL 32457 US
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04192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0551043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MEL C. MAGIDSON JR., P.A. 528 SIXTH STREET PORT ST. JOE, FL 32456
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (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 MAGIDSON, MEL C JR. 218 GAUTIER MEMORIAL LANE PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIORENZO, JOSEPH L 310 WATERCRESS DR. FRANKLIN, TN 37064
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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:

Mel Magidsen Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/19/07
Date

850/227-7800
Daytime Phone #