2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 30, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L030000173 g oaks tax liens, llc	395			0	8-30-2005 90	0015 004 ****50).00
Principal Place	e al Rusiness	Mailing Address				20	1067479	
,	RD BOULEVARD	2801 NW 23RD BOULEV	ARD	1				
#D32		#D32		Į				
GAINESVILLE	, FL 32605 US	GAINESVILLE, FL 32605	US		1 153 1167 1 11 60	INN ITALI NOFIA NAFIII NOFII		CHEEL WATER
2. Principal Place of Business 4432 NW 23 AVC		3. Mailing Address 4432 NW23 AVC						
Suite, Apt.	#, etc. e #8	Suite, Apt. #, etc. 8			07122005	Chg-LLC	CR2E083 (10/03))
City & State		City & State	le FC		4. FEI Number 14-18838	335	} +	Applied For Not Applicable
32b	06 Country	Zip32606	Country		5. Certificate of	Status Desired	☐ \$5.00 A Fee Requi	
	6. Name and Address of Current F	legistered Agent			7. Name and A	ddress of New Ro	egistered Agent	
SCHNOLL	MARCM		Name	Man	n, M	Schno	11	
	, MARC M 23RD BOULEVARD	 ·	Street A	ddress (P.	O. Box Number	is Not Acceptable	, Stet	40
#D32			4	422	NWX:	3 7/UC	1 46 1	<u>~o</u>
GAINESVI	LLE, FL 32605							
			City	AING	esu//e		FL Zip Co	3260b
	named entity submits this statement for	the purpose of changing its re	gistered office o	r registered	agent, or both,	in the State of Flo	rida. I em lamilier wit	h, and accept
rue opligar	ions of registered agent.	n bell	Man	~ <	School		1/20/32	
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signal	ture required wh	nen reinstating)	<u>/</u>	DATE	
Fil	Signature, typed or printed name of registered sports are ing Fee is \$50.00 by September 7, 2005	nd (ile i applicable. (NOTE: F	Registered Agent signal	ture required wh	pen roinstating)		DATE a check payable to Department of St	
Fil Due t	ing Fee is \$50.00 by September 7, 2005 MANAGING MEMBER	RS/MANAGERS	10.	ture required wr	ren reinstating)		e check payable to Department of Sta	ate
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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 ecopyer or turstee employered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP