


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000021908</b> 1. Entity Name <b>OASIS, LLC</b>	
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Principal Place of Business <b>6153 SOUTH U.S. HWY. #1 FT. PIERCE, FL 34982</b>	Mailing Address <b>6153 SOUTH U.S. HWY. #1 FT. PIERCE, FL 34982</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HAYSLIP, NORMAN E  
6153 SOUTH U.S. HWY. #1  
FT. PIERCE, FL 34982**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYSLIP, NORMAN E 6153 SOUTH US HWY 1 FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMER, SAMUEL P 6153 SOUTH US HWY 1 FORT PIERCE, FL 34982
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **2/13/06** **772-467-255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Cayman Phone #