2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L03000021908

Entity Name: OASIS, LLC

Current Principal Place of Business:

6153 SOUTH U.S. HWY. #1
FT. PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

6153 SOUTH U.S. HWY. #1
FT. PIERCE, FL 34982

New Mailing Address:

FEI Number: 03-0521168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYSLIP, NORMAN E
6153 SOUTH U.S. HWY. #1
FT. PIERCE, FL 34982 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: HAYSLIP, NORMAN E
Address: 6153 SOUTH US HWY 1
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM ( ) Delete
Name: COMER, SAMUEL P
Address: 6153 SOUTH US HWY 1
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES:

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: NORMAN E HAYSLIP MEMB 01/20/2009

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