


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90318 011 ****50.00

DOCUMENT # L03000023571					
1. Entity Name OAK STATION, LLC				24015017	
Principal Place of Business 2020 W. PENSACOLA STREET, SUITE 27 TALLAHASSEE, FL 32304		Mailing Address 2020 W. PENSACOLA STREET, SUITE 27 TALLAHASSEE, FL 32304			
2. Principal Place of Business		3. Mailing Address P.O. BOX 2535			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0203658	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip		Country		02242004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		Applied For Not Applicable	
Zip		Country		32316	
6. Name and Address of Current Registered Agent RUDNICK, JAMES M 226 NORTH DUVAL STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Leon Steven M Street Address (P.O. Box Number is Not Acceptable) 2020 W. Pensacola St. Suite #27 City Tallahassee FL 32304	
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 _____ DATE 2/26/04					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUDNICK, JAMES M 226 NORTH DUVAL STREET TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVEN M LEONI PO BOX 2535 TALL, FL 32316-2535	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER PETER S ROSEN PO BOX 2535 TALL, FL 32316-2535	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			Date 2/26/04 Daytime Phone # 580-3131		