2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000023571

1. Entity Name OAK STATION, LLC



Principal Place of Business

2020 W. PENSACOLA STREET, SUITE 27 TALLAHASSEE, FL 32304

Mailing Address

P.O. BOX 2535

TALLAHASSEE, FL 32316

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90076 036 ****50.00



02032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 30-0203658

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AUDINICK, JAMES M-226 NORTH DUVAL STREET TALLAHASSEE, FL 32201 LEONI, STEVEN M 2020 W PENJALOLA, STEPT TALLAHASSEE, FL 32301

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	LALLAHASSEE FL 3230	IN THIS SPACE
	tions of registered agent:	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 3 - 15-05
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registr	ered Agent signature required when reinstating) DATE
F D	iling Fee is \$50.00 ue by May 1, 2005	forma Fee (5.15 Tuesta May)
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUDNICK, JAMES M ? 2020 W. PENSACOLA, SUITE 27- 10 POX 253 S TALLAHASSEE, FL 32304- 3251 S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEON, OTEVEN M 2020 W. PENSACOLA, SUITE 27 PO B C 2535 TALLAHASSEE, FL 22304 3231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS		

11. I hereby certify that the information supplied fit this fing does not qualify for the exemption stated in Section 119.07(3)(1), 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 trustsee erypowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

93-12-02

5803131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #