FILED
Apr 26, 2004 8:00 am
Secretary of State
03-09-2004 90292 036 ****55.00

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MOORE CR2E083 (11/03)

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000024336

1. Entity Name
OAKLAND GROUP, LLC

Principal Place of Business	Mailing Address
545 DELANEY AVENUE, BLDG. 3 C/O TIMOTHY LEFFLER ORLANDO FL 32801	545 DELANEY AVENUE, BLDG. 3 C/O TIMOTHY LEFFLER ORLANDO FL 32801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0105314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEFFLER, TIMOTHY M 545 DELANEY AVENUE, BLDG. 3 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE President NAME Timothy M. LEFFLER STREET ADDRESS 1301 Kelso Blvd CITY-ST-ZIP Windermere, FL 34786 ☐ Delete	TITLE President NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Vice President NAME Sean M. Heaney STREET ADDRESS 11214 Lake Butler Blvd. CITY-ST-ZIP Windermere, FL 34786 ☐ Delete	TITLE Vice President NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME Howey Investments STREET ADDRESS 545 Delaney Ave, #3 CITY-ST-ZIP Orlando FL. 32801 ☐ Delete	TITLE NAME Shareholder STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 general partner or trustee of a partnership authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #