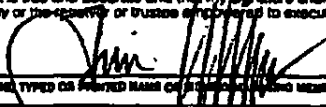


FILED
Apr 26, 2004 8:00 am
Secretary of State

03-09-2004 90292 036 ****55.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L03000024335			
1. Entity Name OAKLAND GROUP, LLC			
Principal Place of Business 545 DELANEY AVENUE, BLDG. 3 C/O TIMOTHY LEFFLER ORLANDO FL 32801		Mailing Address 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 LEFFLER, TIMOTHY M 545 DELANEY AVENUE, BLDG. 3 ORLANDO FL 32801		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when non-resident)			
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		TITLE President	
NAME Timothy M. Leffler		NAME Timothy M. Leffler	
STREET ADDRESS 1301 Kelso Blvd		STREET ADDRESS 1301 Kelso Blvd	
CITY-ST-ZIP WINDERMERE, FL 34786		CITY-ST-ZIP WINDERMERE, FL 34786	
TITLE Vice President		TITLE Vice President	
NAME SEAN W. HEANEY		NAME SEAN W. HEANEY	
STREET ADDRESS 11214 Lake Butler Blvd.		STREET ADDRESS 11214 Lake Butler Blvd.	
CITY-ST-ZIP WINDERMERE, FL 34786		CITY-ST-ZIP WINDERMERE, FL 34786	
TITLE Shareholder		TITLE Shareholder	
NAME Honey Investments		NAME Honey Investments	
STREET ADDRESS 545 Delaney Ave, #3		STREET ADDRESS 545 Delaney Ave, #3	
CITY-ST-ZIP Orlando FL 32801		CITY-ST-ZIP Orlando FL 32801	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 executor or trustee authorized to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  DATE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			