


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000024885	
1. Entity Name OAK STREET PROPERTIES, LLC	

Principal Place of Business	Mailing Address
3009 OAK STREET JACKSONVILLE, FL 32205 US	3009 OAK STREET JACKSONVILLE, FL 32205 US

**DO NOT WRITE IN THIS SPACE**



04102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3697401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent
BRAMAN, DAVID J 3009 OAK STREET JACKSONVILLE, FL 32205

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAMAN, DAVID J 3009 OAK STREET JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAMAN, LISA D 3009 OAK STREET JACKSONVILLE, FL 32205
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 04/12/05-80016-008 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Lisa D. Braman Lisa D. Braman 4/12/05 (904)384-1984

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