


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000024885

1. Entity Name
OAK STREET PROPERTIES, LLC



Principal Place of Business 3009 OAK STREET JACKSONVILLE, FL 32205 US	Mailing Address 3009 OAK STREET JACKSONVILLE, FL 32205 US
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DO NOT WRITE IN THIS SPACE



03262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3697401	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** 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, 2006**

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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* 4/1/06 (904)384-1984

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