


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 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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04072007No Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3697401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

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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04/18/07-80063-022 50.00

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 4/11/07 (904) 384-1984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Lisa D. Braman