


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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



02132008 No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number 11-3697401 | Applied For Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BRAMAN, DAVID J 3009 OAK STREET JACKSONVILLE, FL 32205 |
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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000829880
02/26/08-80060-021 138.75

| 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 Braman 2/13/08 384-1984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Lisa Braman