## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 18, 2007 8:00 am Secretary of State

| ANNUAL REPURI  |  |   |                               |                           | Secretary of State                                |                                   |                               |  |
|--|--|---|-------------------------------|---------------------------|---|-----------------------------------|-------------------------------|--|
| DOCUMENT # L03000027279  1. Entity Name                                    |  |   |                               |                           | 04-18-2007 90037 008 ****50.00                    |                                   |                               |  |
| OAKS HOLDINGS, LLC   |  |   |                               |                           |   |                                   |                               |  |
| Principal Plac   | ce of Business                                       | Mailing Address                                     | <u> </u>                      |                           |   |                                   |                               |  |
| 269 SOUTH OSPREY AVE, STE 200<br>SARASOTA, FL 34236                        |  | 269 SOUTH OSPREY AVE, STE 200<br>SARASOTA, FL 34236 |                               | 148811911                 | II BEIRU JIJI UDIIL UDIIL BUI                     | III 88118 11811 18818 11811 18818 | IB(\$8) (() (\$8)             |  |
| 2. Principal Place of Business - No P.O. Box #                             |  | 3. Mailing Address                                  |                               |                           |   |                                   |                               |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                 |                               | 04062007                  | Chg-LLC   | CR2E083 (12/06                    | )                             |  |
| City & State   |  | City & State  |                               | 4. FEI Numb<br>20-01      |   | <b>├</b>                          | Applied For<br>Not Applicable |  |
| Zip  | Country  | Zip   | Country                       | 5. Certificate            | 5. Certificate of Status Desired                  |                                   |                               |  |
|  | 6. Name and Address of Current                       | Registered Agent                                    |                               | 7. Name an                | d Address of New R                                | tegistered Agent                  |                               |  |
|  |  |   | Name                          |                           |   |                                   |                               |  |
| WAGNER, E. JOHN II<br>  200 SOUTH ORANGE AVE<br>  SARASOTA, FL 34236       |  |   | Street Adda                   | ess (P.O. Box Numb        | ss (P.O. Box Number is Not Acceptable)            |                                   |                               |  |
|  |  |   | City                          | FL Zip Code               |   |                                   |                               |  |
| 8. The above   | named entity submits this statement fo               | r the purpose of changing its re                    | gistered office or re-        | gistered agent, or bo     | oth, in the State of Flo                          |                                   | , and accept                  |  |
|  | tions of registered agent.                           |   |                               | -                         |   |                                   |                               |  |
| SIGNATURE  | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: F                   | Registered Agent signature re | equired when reinstating) |   | DATE                              |                               |  |
| Filing Fee Is \$50.00<br>Due by May 1, 2007                                |  |   |                               | <del></del>               | Make check payable to Florida Department of State |                                   |                               |  |
| ,                                    |  |   |                               |                           | , which populations of orace                      |                                   |                               |  |
| 9.   | MANAGING MEMBE                                       | RS/MANAGERS   | 10.                           |                           | ADDITIONS   | CHANGES                           |                               |  |
| TITLE<br>NAME 4/   | MGRM<br>RUSSELL, STEPHEN D                           | ☐ Delete  | TITLE<br>NAME                 |                           |   | Change                            | ☐ Addition                    |  |
| NAME 2 RUSSELL, STEPHEN D<br>STREET ADDRESS 1407 S. OSPREY AVE., SUITE 200 |  | 0   | STREET ADDRESS                |                           |   |                                   |                               |  |
| CITY-ST-ZIP  | SARASOTA, FL 34236                                   |   | CITY-ST-ZIP                   |                           |   |                                   |                               |  |
| TITLE  | MGRM   | ☐ Delete  | TITLE                         |                           |   | ☐ Change                          | Addition                      |  |
| NAME<br>STREET ADDRESS   | BUCHANAN, TIMOTHY 345 N. RIVERVIEW, SUITE 610-       | 72000 715   | NAME<br>STREET ADDRESS        |                           |   |                                   |                               |  |
| CITY-ST-ZIP  | WICHITA, KS 67200 67206                              | Suite 110   |                               |                           |   |                                   |                               |  |
| TITLE  | 7,020  | ☐ Delete  | TITLE                         |                           |   | ☐ Change                          | Addition                      |  |
| NAME   |  |   | NAME                          |                           |   |                                   |                               |  |
| STREET ADDRESS CITY-ST-ZIP   |  |   | STREET ADDRESS CITY-ST-ZIP    |                           |   |                                   |                               |  |
| TITLE  |  | ☐ Defete  | TITLE                         |                           | *****   | ☐ Change                          | Addition                      |  |
| NAME   |  |   | NAME                          |                           |   | _                                 | _                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   | STREET ADDRESS<br>CITY-ST-ZIP |                           |   |                                   |                               |  |
| TITLE  |  | ☐ Delete  | TITLE                         |                           |   | Change                            | Addition                      |  |
| NAME   |  |   | NAME                          |                           |   |                                   |                               |  |
| STREET ADDRESS   |  |   | STREET ADDRESS<br>CITY-ST-ZIP |                           |   |                                   |                               |  |
| CITY-ST-ZIP  |  |   |                               |                           |   |                                   |                               |  |

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Manufacture and typed or printed name of signing managing member, manager, or authorized representative

Delete

TITLE

NAME

STREET ADDRESS

4-12-07

(310)616-6277

☐ Change

\_\_\_\_ Addition