

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027785

FILED
May 03, 2004
Secretary of State

Entity Name: OAKBRIDGE PARTNERS LLC

Current Principal Place of Business:

9401 AZALEA RIDGE CIRCLE
TAMPA, FL 33647 US

New Principal Place of Business:

16320 HEATHROW DRIVE
TAMPA, FL 33647 US

Current Mailing Address:

9401 AZALEA RIDGE CIRCLE
TAMPA, FL 33647 US

New Mailing Address:

16320 HEATHROW DRIVE
TAMPA, FL 33647 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TESTA, ROSELYN
9401 AZALEA RIDGE CIRCLE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

TESTA, JOSEPH
16320 HEATHROW DRIVE
TAMPA, FL 33647 US

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.

SIGNATURE: JOSEPH TESTA

05/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TESTA, JOSEPH
Address: 9401 AZALEA RIDGE CIRCLE
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM () Delete
Name: TESTA, ROSELYN
Address: 9401 AZALEA RIDGE CIRCLE
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TESTA, JOSEPH
Address: 16320 HEATHROW DR
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM (X) Change () Addition
Name: TESTA, ROSELYN
Address: 16320 HEATHROW DR
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH TESTA

MGRM

05/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date