

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031340

Entity Name: FLORIDA OASIS LLC

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

1276 SOUTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

New Principal Place of Business:

5281 W. IRLO BRONSON HWY
KISSIMMEE, FL 34747

Current Mailing Address:

1276 SOUTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

New Mailing Address:

5215 FLYING EAGLE LANE
KISSIMMEE, FL 34746

FEI Number: 20-0171762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICARUDDIN, KAZI
12477 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGTM () Delete
Name: ANSARI, AFRAZ U
Address: 1276 SOUTH JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM () Delete
Name: ANSARI, SAIMA N
Address: 1276 SOUTH JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANSARI, AFRAZ U
Address: 5215 FLYING EAGLE LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM (X) Change () Addition
Name: ANSARI, SAIMA N
Address: 5215 FLYING EAGLE LANE
City-St-Zip: KISSIMMEE, FL 34746

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: SAIMA ANSARI

MGRM

04/29/2004

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