


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033851 1. Entity Name OKEELAND, LLC	
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Principal Place of Business 5205 BABCOCK STREET, N.E. PALM BAY, FL 32905	Mailing Address 5205 BABCOCK STREET, N.E. PALM BAY, FL 32905
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIRA, JACK B ESQ. 5205 BABCOCK STREET, N.E. PALM BAY, FL 32905	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

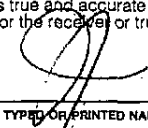
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPIRA, JACK B 5205 BABCOCK STREET, N.E. PALM BAY, FL 32905
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03/19/05-80034-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/16/05** **321 725-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #