

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90024 026 ****55.00

DOCUMENT # L03000036702

1. Entity Name
OAKHEAD DEVELOPERS LLC



Principal Place of Business
**C/O MIAMI CORPORATE REGISTRY
1925 BRICKELL AVE., STE. D-206
MIAMI, FL 33129**

Mailing Address
**C/O MIAMI CORPORATE REGISTRY
1925 BRICKELL AVE., STE. D-206
MIAMI, FL 33129**

20039475



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0323267

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIAMI CORPORATE REGISTRY
1925 BRICKELL AVE.
BRICKELL PLACE CONDOMINIUM, STE. D-206
MIAMI, FL 33129**

Name **OSCAR HIDALGO**

Street Address (P.O. Box Number is Not Acceptable)

2719 PONCE DE LEON BLVD.

City **CORAL GABLES**

FL Zip Code **33134**

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

Signature, typed or printed name of registered agent and title, if applicable.

OSCAR HIDALGO

(NOTE: Registered Agent signature required when reinstating)

4-18-05

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HIDALGO, OSCAR
2719 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PINO, GUILLERMO
3904 DURANGO ST.
CORAL GABLES, FL 33143**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

OSCAR HIDALGO

Date

Daytime Phone #

4-18-05

305-769-0060