

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038826

FILED
Mar 03, 2004
Secretary of State

Entity Name: STUART OAKS, LLC

Current Principal Place of Business:

ONE OAKWOOD BLVD., STE. 195
HOLLYWOOD, FL 33020

New Principal Place of Business:

6535 NOVA DRIVE, SUITE 106
DAVIE, FL 33317

Current Mailing Address:

ONE OAKWOOD BLVD., STE. 195
HOLLYWOOD, FL 33020

New Mailing Address:

6535 NOVA DRIVE, SUITE 106
DAVIE, FL 33317

FEI Number: 20-0325235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J
150 W. FLAGLER ST., STE. 2200
MIAMI, FL 33130 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: PFEFFER, OLIVER
Address: 6535 NOVA DRIVE, SUITE 106
City-St-Zip: DAVIE, FL 33317 US

Title: MGRM () Change (X) Addition
Name: REICH, DAVID
Address: 6535 NOVA DRIVE, SUITE 106
City-St-Zip: DAVIE, FL 33317 US

Title: MGRM () Change (X) Addition
Name: SCHULTZ, DAVID
Address: 6535 NOVA DRIVE, SUITE 106
City-St-Zip: DAVIE, FL 33317 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: DAVID SCHULTZ

MGRM

03/03/2004

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