

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90076 039 ****50.00

DOCUMENT # L03000043136 1. Entity Name OAK ROW GALLERY, LLC					
Principal Place of Business C/O AKERMAN SENTERFITT, WACHOVIA CENTER 100 S ASHLEY DR, STE 1500 TAMPA, FL 33602			Mailing Address C/O AKERMAN SENTERFITT, WACHOVIA CENTER 100 S ASHLEY DR, STE 1500 TAMPA, FL 33602		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3297 Suite, Apt. #, etc.			
City & State Zip Country		City & State Bellevue, Florida Zip Country 34421-3297 USA		4. FEI Number 20-0371409	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent DUNSFORD, TINA C/O AKERMAN SENTERFITT, WACHOVIA CENTER 100 S ASHLEY DR, STE 1500 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MCMR Connie D. Craven 1100 S.E. 170th Street Summerfield, FL 34491	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Connie D. Craven</u> <u>Connie D. Craven</u> <u>4/22/04</u> <u>352-245-2208</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					