

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043136

Entity Name: OAK ROW GALLERY, LLC

FILED  
Mar 16, 2005  
Secretary of State

## Current Principal Place of Business:

C/O AKERMAN SENTERFITT, WACHOVIA CENTER  
100 S ASHLEY DR, STE 1500  
TAMPA, FL 33602

## New Principal Place of Business:

C/O HOLLAND & KNIGHT  
200 CENTRAL AV. SUITE 1600  
ST. PETERSBURG, FL 33701

## Current Mailing Address:

PO BOX 3297  
BELLEVIEW, FL 344213297

## New Mailing Address:

FEI Number: 20-0371409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DUNSFORD, TINA  
C/O AKERMAN SENTERFITT, WACHOVIA CENTER  
100 S ASHLEY DR, STE 1500  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

DUNSFORD, TINA  
C/O HOLLAND AND KNIGHT  
200 CENTRAL AV. SUITE 1600  
ST. PETERSBURG, FL 33701 US

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:

03/16/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: CRAVEN, CONNIE D  
Address: 1100 SE 170TH STREET  
City-St-Zip: SUMMERFIELD, FL 34491

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CRAVEN, CONNIE D  
Address: 1100 SE 170TH STREET  
City-St-Zip: SUMMERFIELD, FL 34491

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: CONNIE D CRAVEN

MGRM

03/16/2005

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