

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043136

Entity Name: OAK ROW GALLERY, LLC

FILED
Apr 19, 2006
Secretary of State

Current 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 Principal Place of Business:

C/O FOWLER WHITE BOGGS BANKER PA
501 EAST KENNEDY BLVD / SUITE 1700
TAMPA, FL 33602

New Mailing Address:

PO BOX 2577
BELLEVIEW, FL 344213297

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 HOLLAND AND KNIGHT
200 CENTRAL AV. SUITE 1600
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

DUNSFORD, TINA
C/O FOWLER WHITE BOGGS BANKER PA
501 EAST KENNEDY BLVD / SUITE 1700
TAMPA, FL 33602 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: CONNIE D. CRAVEN

04/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/19/2006

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