


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90035 009 ****50.00

DOCUMENT # L03000052087 1. Entity Name THE PRESERVE AT OAKLEAF PLANTATION, LLC					
Principal Place of Business 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223			Mailing Address 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 47-0935463	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202				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, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNOLD, III, CHARLES W PRES		NAME	ARNOLD, CHARLES W III	
STREET ADDRESS	11217 SAN JOSE BLVD		STREET ADDRESS	11217 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	HINSON, DAVID L	
STREET ADDRESS			STREET ADDRESS	11217 SAN JOSE BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SKAFF, DANA R	
STREET ADDRESS			STREET ADDRESS	11217 SAN JOSE BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	<input type="checkbox"/> Delete		TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	JOHNSON, SUSAN K	
STREET ADDRESS			STREET ADDRESS	11217 SAN JOSE BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	UDELL, ROBERT E	
STREET ADDRESS			STREET ADDRESS	11217 SAN JOSE BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			SUSAN JOHNSON		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4-25-05 Daytime Phone # 904-880-0464		