


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90129 042 ****50.00

DOCUMENT # L03000055052	
1. Entity Name OAS LAND, LLC	

Principal Place of Business 600 S. NORTH LAKE BLVD., SUITE 160 ALTAMONTE SPRINGS, FL 32701	Mailing Address 600 S. NORTH LAKE BLVD., SUITE 160 ALTAMONTE SPRINGS, FL 32701
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20007859



2. Principal Place of Business 2180 W. State Road 434	3. Mailing Address 2180 W. State Road 434
Suite, Apt. #, etc. Suite 2118	Suite, Apt. #, etc. Suite 2118
City & State Longwood, FL	City & State Longwood, FL
Zip 32779	Zip 32779
Country USA	Country USA

01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2425282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FIREDMAN, MARTIN S C/O ROSE SUNDSTROM & BENTLEY, LLP 600 S. NORTH LAKE BLVD., SUITE 160 ALTAMONTE SPRINGS, FL 32701	
7. Name and Address of New Registered Agent Name Sandlands Center Street Address (P.O. Box Number is Not Acceptable) 2180 W. State Road 434, Suite 2118 City Longwood FL Zip Code 32779	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRIEDMAN, MARTIN S ESQ. 600 S. NORTH LAKE BLVD., SUITE 160 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2180 W. State Road 434, Suite 2118 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 exemptions contained in Chapter 119, 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1.20.04

407.830.6331