

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000014		
1. Entity Name OAK PLACE PARTNERS, LLC		

Principal Place of Business 1042 NORTH US HIGHWAY ORMOND BEACH FL 32174	Mailing Address 1042 NORTH US HIGHWAY ORMOND BEACH FL 32174
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
METRO FINANCIAL & WEALTH MGT, LLC 1028 NORTH US HIGHWAY 1 ORMOND BEACH FL 32174	

4. FEI Number 26-0077413		Applied For ☐ Not Applied
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

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 removing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRGM STRASSER, CHARLES L 1030 NORTH US HIGHWAY 1 ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000436216 02/27/06-80029-006 50.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRGM COLLYER, BRYAN 1030 NORTH US HIGHWAY 1 ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAZAR, JOEL 8239 LAKE CROWELL CIR. ORLANDO FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 