


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000007248		
1. Entity Name OKEE GP LLC		
Principal Place of Business C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, STE. 1101 WEST PALM BEACH, FL 33401		Mailing Address C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, STE. 1101 WEST PALM BEACH, FL 33401
DO NOT WRITE IN THIS SPACE		
		04202006 No Chg-LLC CR2E083 (11/05)
		4. FEI Number NOT APPLICABLE
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
SHEWALTER, WILLIAM A C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, STE. 1101 WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
05/12/06-80083-018 55.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR THE GOODMAN COMPANY 777 SOUTH FLAGLER BLVD., SUITE 1101 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
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 <u>William A. Shewalter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		April 27, 2006 <small>Date</small>
		561-833-3777 <small>Daytime Phone #</small>
William A. Shewalter, Vice President		