

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008015

Entity Name: OAK TOWN ESTATES, LLC

FILED
May 13, 2006
Secretary of State

Current Principal Place of Business:

425 WEST COLONIAL DRIVE
304
ORLANDO, FL 32804 US

New Principal Place of Business:

6254 BORDEAUX CIRCLE
SANFORD, FL 32771 US

Current Mailing Address:

425 WEST COLONIAL DRIVE
304
ORLANDO, FL 32804 US

New Mailing Address:

6254 BORDEAUX CIRCLE
SANFORD, FL 32771 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANJURJO, RALPH E
425 WEST COLONIAL DRIVE
304
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

SANJURJO, RALPH E
6254 BORDEAUX CIRCLE
SANFORD, FL 32771 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: RALPH E. SANJURJO

05/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THE SANJURJO COMPANY, DEFINED BENEFIT PLAN
Address: 425 WEST COLONIAL DRIVE S-304
City-St-Zip: ORLANDO, FL 32804 FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THE SANJURJO COMPANY, DEFINED BENEFIT PLAN
Address: 6254 BORDEAUX CIRCLE
City-St-Zip: SANFORD, FL 32771 FL

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: RALPH E. SANJURJO

MGR

05/13/2006

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