

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008015

Entity Name: OAK TOWN ESTATES, LLC

FILED  
Feb 19, 2008  
Secretary of State

## Current Principal Place of Business:

6254 BORDEAUX CIRCLE  
SANFORD, FL 32771 US

## New Principal Place of Business:

## Current Mailing Address:

6254 BORDEAUX CIRCLE  
SANFORD, FL 32771 US

## New Mailing Address:

FEI Number: 41-2174645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANJURJO, RALPH E  
6254 BORDEAUX CIRCLE  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

Title: MGR ( ) Delete  
Name: SANJURJO, RALPH E  
Address: 6254 BORDEAUX CIRCLE  
City-St-Zip: SANFORD, FL 32771 FL

Title: MGR ( ) Delete  
Name: SANJURJO, MILLICENT F  
Address: 6254 BORDEAUX CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

02/19/2008

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