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SECRETARY OF STATE
FLORIDA

3001095

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000017057

1. Entity Name
OAKWOOD ENTERPRISES, LLC

Principal Place of Business	Mailing Address
108 NEW MEXICO LANE WESTRIDGE DAVENPORT, FL 33837 US	108 NEW MEXICO LANE WESTRIDGE DAVENPORT, FL 33837 US

2. Principal Place of Business	3. Mailing Address
	8297 CHAMPIONS GATE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB #141
City & State	City & State CHAMPIONS GATE, FLORIDA
Zip / Country	Zip 33896 Country U.S.A

07152005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0817873 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTSON, ANITA 108 NEW MEXICO LANE WESTRIDGE DAVENPORT, FL 33837	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 [signature] 07/29/2005
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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVE ROBERTSON 108 NEW MEXICO LANE DAVENPORT FL. 33897	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] (ANITA H. ROBERTSON) 07/29/2005 352-217-5853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #