2007 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

FILED Mar 01, 2007 08:00 A Secretary of State

ANNUAL REPORT	
DOCUMENT # L04000042906	1

1. Entity Name RIOAKS, LLC

Principal Place of Business

4750 S.W. 85TH STREET C/O PHILIP J. PLUMMER MIAMI, FL 33143

Mailing Address

4750 S.W. 85TH STREET C/O PHILIP J. PLUMMER MIAMI, FL 33143



02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
34-2000739	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

		· oc raquino		
<u>.</u>	Name and Address of Current Registered Agent			
PLUMMER, PHILIP J 4750 S.W. 85TH STREET MIAMI, FL 33143		DO NOT WRITE IN THIS SPACE		
8 The shove	named entity submits this statement for the number of chan-	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
	tions of registered agent.	ging its registered unite of registered agent, or born, in the State of Frontia. I am raining with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent algnature required when reinstating) DATE		
	one more, spear or printed market or registered again and the it approache.	(Let it: Labbrenson After adjusting and resolution and result)		
F	iling Fee is \$50.00 ue by May 1, 2007	U00000652708 03/12/07-80028-025 50.00		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEN OAKS ENTERPRISES, INC. 4750 S.W. 85TH STREET MIAMI, FL 33143			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 AND TYPED OF FINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE