


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90228 007 \*\*\*138.75

DOCUMENT # L04000042906			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 565535	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pinecrest, FL.	
Zip	Country	Zip 33256	Country Miami-Dade
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PLUMMER, PHILIP J 4750 S.W. 85TH STREET MIAMI, FL 33143		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 <u>Plummer, Philip</u>		DATE <u>04/04/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEN OAKS ENTERPRISES, INC. 4750 S.W. 85TH STREET MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Philip Plummer</u>		DATE <u>04/04/08</u> 305 588 4525	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

