

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043418

**FILED**  
**Apr 01, 2007**  
**Secretary of State**

**Entity Name:** OAK LANE 14, LLC

**Current Principal Place of Business:**

829 BLVD OF CHAMPIONS  
SHALIMAR, FL 32579 US

**New Principal Place of Business:**

**Current Mailing Address:**

829 BLVD OF CHAMPIONS  
SHALIMAR, FL 32579 US

**New Mailing Address:**

**FEI Number:** 20-1267358

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

LOVELACE, JOSEPH R MGR  
829 BLVD OF CHAMPIONS  
SHALIMAR, FL 32579 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: LOVELACE, JOSEPH R MGR  
Address: 829 BLVD OF CHAMPIONS  
City-St-Zip: SHALIMAR, FL 32579 US

Title: MGRM ( ) Delete  
Name: LOVELACE, LISA K MGRM  
Address: 829 BLVD OF CHAMPIONS  
City-St-Zip: SHALIMAR, FL 32579 US

**ADDITIONS/CHANGES:**

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 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: JOSEPH R. LOVELACE

MGR

04/01/2007

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