

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045113

FILED  
Jun 02, 2008  
Secretary of State

Entity Name: OAKFORD MANAGEMENT, LLC

**Current Principal Place of Business:**

% BSPA CORPORATE SERVICES  
350 EAST LAS OLAS BLVD., SUITE 1000  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

% BSPA CORPORATE SERVICES  
350 EAST LAS OLAS BLVD., SUITE 1000  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

FEI Number: 20-1275620      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GARELLEK, STEVEN  
% BSPA.350 EAST LAS OLAS BLVD., SUITE 1000  
FORT LAUDERDALE, FL 33301 US

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: MGRM ( ) Delete  
Name: DE GRUSZKA, MARIA DE LOS R  
Address: % BSPA.350 EAST LAS OLAS BLVD., SUITE 1000  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

**ADDITIONS/CHANGES:**

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: MARIA C DE LOS RIOS DE GRUSZKA      MGRM      06/02/2008

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