

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000046799

1. Entity Name
OAKS 152, LLC



Principal Place of Business

**100 SW 75TH STREET, STE 205
GAINESVILLE, FL 32607 US**

Mailing Address

**100 SW 75TH STREET, STE 205
GAINESVILLE, FL 32607 US**



01192007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1280025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PLA, JOHN M III
4907 N.W. 43RD STREET
SUITE F
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**U00000671907
03/28/07-80048-005 25.00**

**Filing Fee is \$50.00
Due by May 1, 2007**

**U00000671907
03/28/07-80048-006 25.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PLA, JOHN M III
4907 N.W. 43RD STREET, STE. F
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PUGH, MERRILL
100 SW 75TH STREET, STE 205
GAINESVILLE, FL 32607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Merrill Pugh

3/12/07

Date

352-331-3343

Daytime Phone #