2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000049137

1. Entity Name

OAKBROOK DEVELOPMENT, LLC



FILED Apr 23, 2007 08:00 All Secretary of State

Principal Place of Business

6101 GAZEBO PARK PLACE N

SUITE 105

JACKSONVILLE, FL 32257 US

Mailing Address

6101 GAZEBO PARK PLACE N

SUITE 105

JACKSONVILLE, FL 32257 US



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3725137

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, J HOWARD 6101 GAZEBO PARK PLACE STE 101 JACKSONVILLE, FL 32257

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JACKSONVILLE, FL 32257		IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and thie if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE .
	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	WARE, DONALD S JR.		HOOOOOTOAGAA
STREET ADDRESS	6101 GAZEBO PARK PL N #105	· or	U00000724914
CITY-ST-ZIP	JACKSONVILLE, FL 32257		5/03/07-80002-008 _. 50.00
TITLE		i .	
NAME STREET ADDRESS			
CITY-ST-ZIP		;	e e e
TITLE			

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11. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #