

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90013 042 ****55.00

DOCUMENT # L04000061281 1. Entity Name OAK LEAF DEVELOPMENT GROUP, LLC					
Principal Place of Business 10737 NEW KINGS ROAD 104 JACKSONVILLE, FL 32219 US			Mailing Address 10737 NEW KINGS ROAD 104 JACKSONVILLE, FL 32219 US		
2. Principal Place of Business 10737 NEW KINGS ROAD Suite, Apt. #, etc. 104 City & State JACKSONVILLE, FLORIDA Zip 32219 Country U.S.A.		3. Mailing Address 10737 NEW KINGS ROAD Suite, Apt. #, etc. 104 City & State JACKSONVILLE, FLORIDA Zip 32219 Country U.S.A.			
4. FEI Number 20-1515447				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				08112005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HURSEY, JASON S 45126 STRATTON ROAD CALLAHAN, FL 32011			7. Name and Address of New Registered Agent Name HURSEY, JASON S. Street Address (P.O. Box Number is Not Acceptable) 614039 RIVER ROAD City CALLAHAN FL Zip Code 32011		
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><i>Jason S. Hursey</i></u> 8/10/05 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURSEY, JASON S 45126 STRATTON ROAD CALLAHAN, FL 32011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURSEY, JASON S. 614039 RIVER ROAD CALLAHAN, FLORIDA 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STIVERS, WILLIAM B 703 SOUTH 5TH STREET FOLKSTON, GA 31537	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COUCH, JAMES A. 8634 HAMMOND FOREST DRIVE JACKSONVILLE, FLORIDA 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STIVERS, TONY B 10400 INNIS BROOK DRIVE JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANEY, JONATHAN P. 12846 HAWK CREST PLACE JACKSONVILLE, FLORIDA 32238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEFFREY, BOWYER 10285 GARDEN STREET JACKSONVILLE, FL 32219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANEY, STEPHEN J. JACKSONVILLE, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIS, JERRY 10400 INNIS BROOK DRIVE JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Jason S. Hursey</i></u> JASON S. HURSEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			8/10/05 904-764-8050 <small>Date Daytime Phone #</small>		