

**2008 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED
Jun 23, 2008 8:00 A.M.
Secretary of State

DOCUMENT # L04000068623 1. Entity Name SOUTHERN OAK MANAGEMENT, LLC					
Principal Place of Business 76 SOUTH LAURA STREET, SUITE 1702 JACKSONVILLE, FL 32202			Mailing Address 76 SOUTH LAURA STREET, SUITE 1702 JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box # 200 West Forsyth St.		3. Mailing Address 200 West Forsyth St.			
Suite, Apt. #, etc. 1200		Suite, Apt. #, etc. 1200			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 56-2480776	
Zip 32202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 14 EAST BAY STREET JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Tony A. Loughman Street Address (P.O. Box Number is Not Acceptable) 200 West Forsyth Street, Suite 1200 City Jacksonville FL Zip Code 32202	
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>Tony Loughman</i></u> DATE <u>5-21-08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUGHMAN, TONY A PRES 76 S. LAURA STREET, STE. 1702 JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUGHMAN, TONY A PRES 200 West Forsyth Street, Suite 1200 Jacksonville, FL 32202 <input checked="" 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	MGR STEVEN J. PAJCIC, III 200 West Forsyth Street, Suite 1200 Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900132102829 07/03/08--01003--003 **55.00 <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	
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 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: <u><i>Tony Loughman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>5-21-08</u> Daytime Phone # <u>904 353 4000, 2222</u>		