
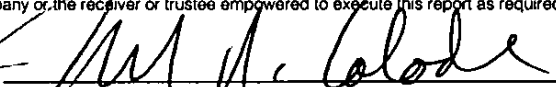


DOCUMENT # L04000074791				05-02-2005 90127 007 ****50.00	
1. Entity Name GREEN OAK MANAGEMENT, LLC					
Principal Place of Business 9455C BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496-3754		Mailing Address 9455C BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496-3754			
2. Principal Place of Business 8177 West Glades Rd		3. Mailing Address 8177 West Glades Rd.		20053494	
Suite, Apt. #, etc. 211		Suite, Apt. #, etc. 211		04292005 Chg-LLC CR2E083 (10/03)	
City & State Boca Raton		City & State Boca Raton		4. FEI Number 20-1817070	
Zip 33434		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 33434		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLODNE, MARK 8177 WEST GLADES ROAD, SUITE 211 BOCA RATON, FL 33496				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLODNE, MARK 9455C BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 334963754 <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	
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	
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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: 			4/29/2005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		