


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90427 029 \*\*\*\*50.00

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # L04000084364</b>  |   |    |   |
| 1. Entity Name<br><b>OATES INVESTMENTS, LLC</b>   |   |   |   |
| Principal Place of Business<br><b>1500 EAST ATLANTIC BLVD<br/>STE. B<br/>POMPANO BEACH FL 33060</b>   |   | Mailing Address<br><b>1500 EAST ATLANTIC BLVD<br/>STE. B<br/>POMPANO BEACH FL 33060</b>   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip - Country  |   | 3. Mailing Address<br><b>PO BOX 610931</b><br>Suite, Apt. #, etc.<br><b>Pompano Beach, FL</b><br>City & State<br><b>33061</b> Zip Country   |   |
| 4. FEI Number<br><b>20-1907948</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$5.00</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>OATES, DANIEL E<br/>1500 EAST ATLANTIC BLVD<br/>STE. B<br/>POMPANO BEACH FL 33060</b>   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>  |   |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>OATES, THOMAS D<br/>1500 EAST ATLANTIC BLVD, STE. B<br/>POMPANO BEACH FL 33060</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/06

954-942-6500