


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2007 8:00 am**  
**Secretary of State**

01-09-2007 90036 019 \*\*\*\*50.00

<b>DOCUMENT # L05000006634</b> 1. Entity Name <b>RED OAK ESTATES, LLC</b>					
Principal Place of Business <b>15105 N.W. 94TH AVENUE ALACHUA, FL 32615</b>			Mailing Address <b>15105 N.W. 94TH AVENUE ALACHUA, FL 32615</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-2120148</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALLACE, BOB 15105 N.W. 94TH AVENUE ALACHUA, FL 32615</b>			7. Name and Address of New Registered Agent Name <b>Deborah A. Gaw</b> Street Address (P.O. Box Number is Not Acceptable) <b>15105 N.W. 94<sup>th</sup> Avenue</b> City <b>Alachua</b> <b>FL</b> Zip Code <b>32615</b>		
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 <b>Deborah A. Gaw</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>1/4/06</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALLACE, ROBERT D 15105 NW 94TH AVE ALACHUA, FL 32615</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGRM Carl W. Sherman 15105 N.W. 94<sup>th</sup> Avenue Alachua FL 32615</b>	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Carl W. Sherman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>1-08-07</b> Daytime Phone # <b>352 246 3046</b>		