


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90041 022 \*\*\*\*50.00

<b>DOCUMENT # L05000007289</b> 1. Entity Name <b>OAK STREET RENTALS, LLC</b>					
Principal Place of Business <b>13594 LINDEN DRIVE SPRING HILL FL 34609 US</b>			Mailing Address <b>13594 LINDEN DRIVE SPRING HILL FL 34609 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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		
<b>M &amp; L ACCOUNTING OFFICE, INC. 1389 HAULOVER AVENUE SPRING HILL FL 34608</b>			Name <b>JOHN V. MCCLLOUD III</b> Street Address (P.O. Box Number is Not Acceptable) <b>13594 LINDEN DR</b> City <b>SPRING HILL</b> FL Zip Code <b>34609</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 <i>[Signature]</i> MGRM <b>JOHN MCCLLOUD</b> DATE <b>2/23/06</b> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when rechartering)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MCCLLOUD III, JOHN V 13594 LINDEN DRIVE SPRING HILL FL 34609</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S.T MCCLLOUD III, JOHN V 13594 LINDEN DRIVE SPRING HILL FL 34609</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i> MGRM <b>JOHN MCCLLOUD</b> DATE <b>2/23/06</b> DAYTIME PHONE # <b>352 666 2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT

30003135

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2006

OAK STREET RENTALS, LLC  
13594 LINDEN DRIVE  
SPRING HILL, FL 34609 US

Subject: OAK STREET RENTALS, LLC

Reference Number: L05000007289

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION