


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90107 021 ***138.75

| | |
|--|---|
| DOCUMENT # L05000007289 |  |
| 1. Entity Name OAK STREET RENTALS, LLC | |

| | |
|---|---|
| Principal Place of Business 13594 LINDEN DRIVE SPRING HILL, FL 34609 US | Mailing Address 13594 LINDEN DRIVE SPRING HILL, FL 34609 US |
|---|---|


| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 13603 LINDEN DR | 3. Mailing Address 13603 LINDEN DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------------|---------------------------------------|
| City & State SPRING HILL FL | City & State SPRING HILL FL |
| Zip 34609 | Zip 34609 |
| Country | Country |



01132008 Chg:LLC CR2E083 (12/06)

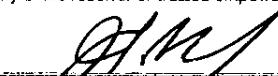
| | |
|---|--|
| 6. Name and Address of Current Registered Agent MCCLOUD, III, JOHN V 13594 LINDEN DR SPRING HILL, FL 34609 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13603 LINDEN DR City SPRING HILL FL Zip Code 34609 | |

| | |
|---|---------------------|
| 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  JOHN V McCLOUD III | DATE 2/25/08 |
| (NOTE: Registered Agent signature required when reappointing) | |

| | |
|---|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCLOUD III, JOHN V 13594 LINDEN DRIVE SPRING HILL, FL 34609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 13603 LINDEN DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S.T MCCLOUD III, JOHN V 13594 LINDEN DRIVE SPRING HILL, FL 34609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 13603 LINDEN DR <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 | <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 |
| 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:  | DATE 1/13/08 | DAYTIME PHONE # 352 2385770 |
| SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |