2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 17, 2006 8:00 am
Secretary of State

04-04-2006 90009 009 ****50.00

DOCUMENT #-205000023581

1. Entity Name

MASSIVE OAKS, L.L.C.

Principal Place of Business	Mailing Address
3733 W. UNIVERSITY BOULEVARD, SUITE 1 JACKSONVILLE FL 32217	P.O. BOX 551260 JACKSONVILLE FL 32255

2. Principal Place of Business	3. Mailing Address
3733 W. University Blvd	3733 W. University Blvd
Suite, Apt. #, etc.: Suite 115A	Suite, Apt. #, etc.: Suite 115A
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32217 Country: Duval	Zip: 32217 Country: Duval

1st MOORE CR2E083 (10/05)

4. FEI Number: 20-2705664 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE FL 32256	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 _____ (NOTE: Registered Agent signature required when applicable) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MASSIVE OAKS, L.L.C.	NAME	
STREET ADDRESS	3733 W. UNIVERSITY BOULEVARD, SUITE 115-A	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Donna Helming, Managing Member 3/28/06 904 733-1202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #