2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-04-2006 90009 009 ****50.00

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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

1st MOORE CR2E083 (10/05)

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

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

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		
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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 #