2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000030862

1. Entity Name
OAK CREST HOLDINGS, LLC



FILED Mar 13, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

300 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901

300 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901



01312008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	20-2600632	i	Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

PENCE, ROY J 300 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILE After Ma	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000856710 03/28/08-80022-023 138.75		
9.	MANAGING MEMBERS/MANAGERS		The state of the state of the state of		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENCE, ROY J 300 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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

11. I hereby certify that the information supplied with this filling 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 ecover or true tee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Roy J. Pence

3/1/08

(321) 837-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #