

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000036826 1. Entity Name OAKCREST PARK DEVELOPMENT, LLC			
Principal Place of Business 3143 N. E. 14TH STREET SUITE 101 OCALA, FL 34470		Mailing Address 3143 N. E. 14TH STREET SUITE 101 OCALA, FL 34470	
2. Principal Place of Business - No P.O. Box # 7301 SW 57 Court		3. Mailing Address 7301 SW 57 Court	
Suite, Apt. #, etc. # 420		Suite, Apt. #, etc. # 420	
City & State South Miami, FL 33143		City & State South Miami, FL 33143	
Zip Country US		Zip Country US	
4. FEI Number 04-3812749		Applied For <input 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 CLAUSS, EMERSON J III 3365 S.E. 16TH AVENUE OCALA, FL 34474		7. Name and Address of New Registered Agent Name Ted Benghiat Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57 Court # 420 City South Miami FL Zip Code 33143	
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 _____ DATE 11-7-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLAUSS, EMERSON J III 3143 N. E. 14TH STREET, SUITE 101 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Ted Benghiat 7301 SW 57 Court, #420 South Miami, FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400138367274 12/02/08--01012--005 **\$50.00 <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 11-7-08 Daytime Phone # _____	

FILED
08 NOV 24 PM 1:15
DEPT. OF STATE
TALLAHASSEE, FLORIDA



11122008 Chg-LLC CR2E083 (12/06)