2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 02, 2006 8:00 am Secretary of State 04-26-2006 90127 001 ***150.00

1. Entity Nam	MENT#LU50 OAKS 2, LLC	JUUU36952				04-20-20	00 90127 (.01	130.00	
Principal Place of Business 1365 S.E. 73RD PLACE OCALA, FL 34480 US			1365 S.E. 73RD PLACE		1 (89)(80) P	3000	9402		ieri ki jeda	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04222006	Chg-LLC	CR2E083 (*	1/05)		
City & State		City & State	City & State		4. FEI Numb	-380287	16	Applied For Not Applicable		
Zip	Country	Zip	Zip Country		i	5. Certificate of Status Desired 5.00 Additional Fee Required				
-	6. Name and Address	s of Current Registered Agent	egistered Agent Name		7. Name and Address of New Registered Agent					
	ILIN, DONNA P 73RD PLACE - 34480		Street Address		(P.O. Box Number is Not Acceptable)					
				City	. <u>.</u>		FL 2	ip Code	9	
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the St the obligations of registered agent 								ar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agains and tale if applicable. (NOTE: Registered Agains submitted required when reinstance) OATE										
Fi Di	ling Fee is \$50.00 ue by May 1, 2006						check payab Department o		,	
9.		SING MEMBERS/MANAGERS	10.			ADDITIONS/	CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLASSIC OAKS, LLC 1385 S.E. 73RD PLAC OCALA, FL 34480		NAME STREET CITY-S	TADORESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET	T ADDRESS ST-ZIP				hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detate	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP				hange	Addition	
_TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delicite	TITLE MANE STREET CITY-S	ADDRESS ST-ZIP				hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CUTY-S	i adoress 1-dip		, m		hange	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 smitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: DELO OR PRINTED MANGE OF SURGINANCING MEMBEL MANAGER OR AUTHORIZED REPRESENTATIVE DELO DOUBTO PRINTED PROTECTION F										