2007 LIMITED LIABILITY COMPANY

FILED Apr 30, 2007 8:00 am

ANNUAL REPORT				Secretary of State			
DOCUMENT # L05000043102					90079 032 ****5		
OAK LAKES LLC							
Definition Disease of Designation	Malling Address	185		~~~10	OTO.		
Principal Place of Business P. O. BOX 1323	Mailing Address P. O. BOX 1323						
PALM HARBOR, FL 34682	PALM HARBOR, FL 34	4682					
2. Principal Place of Business - No P.O. Bo	x # 3. Mailing Address						
1745 OYSTER POINT WAY			1 18861811	OR BUIEL BRIL SEIN BOIN OBIN I	BUILI DIBNO IIIDI LIBII DOIIO ISO	I	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		7 Chg-LLC	CR2E083 (12/06)		
City & State PALM HARBOR, FL	City & State	City & State		4. FEI Number Applied For 20-2759310 Not Applicable			
Zip Country 34682 USA		Country	5. Certifica	ite of Status Desired	55.00 Add Fee Require		
6. Name and Address of	Current Registered Agent	Nama	7. Name a	nd Address of New Re	gistered Agent		
HARRIS, TRACY J JR			Name Street Address (P.O. Box Number is Not Acceptable) 1745 OYSTER POINT WAY				
701 INDIANA AVENUE PALM HARBOR, FL 34683		"174	5 OYSTER P	DINT WAY			
		City		· · · · · · · · · · · · · · · · · · ·	FL Zip Cod 3468	е	
PALM 8. The above named entity submits this statement for the purpose of changing its registered office or register			PALM HARBO				
the obligations of registered agent.		T	i rogiotatos agont, or	1/- 1		u.up.	
SIGNATURE Signature, purpor printed name of regis	stered agent and title if applicable. (NO	ITE: Registered Abent bignat	ure required when reinstative	24/23/0	DATE		
				•	Drite		
511 5-1-650 00				Maka			
Filing Fee is \$50.00 Due by May 1, 2007			,		check payable to Department of Stat	e	
Due by May 1, 2007	G MEMBERS/MANAGERS	10.			check payable to Department of Stat	9	
9. MANAGING	G MEMBERS/MANAGERS			Florida	check payable to Department of Stat	e Addition	
9. MANAGING TITLE MGRM ; NAME HARRIS, TRACY J JR	☐ Delete	10. TITLE NAME	1745 OYST	Florida ADDITIONS/C	check payable to Department of Stat		
9. MANAGING	☐ Delete	10.	ł.	Florida	check payable to Department of Stat CHANGES		
9. MANAGINO TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 36569 TITLE	☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ł.	ADDITIONS/C	check payable to Department of Stat CHANGES		
9. MANAGING TITLE MGRM NAME HARRIS, TRACY J JR STREET ADDRESS 9625 WES KEARNEY W. RIVERVIEW, FL 36569	☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł.	ADDITIONS/C	check payable to Department of State CHANGES Change	☐ Addition	
Due by May 1, 2007 9. MANAGING TITLE MGRM HARRIS, TRACY J JR 9625 WES KEARNEY W. RIVERVIEW, FL 36569 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł.	ADDITIONS/C	Change	Addition Addition	
9. MANAGING TITLE MGRM HARRIS, TRACY J JR STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 36569 TITLE NAME STREET ADDRESS	☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ł.	ADDITIONS/C	check payable to Department of State CHANGES Change	☐ Addition	
9. MANAGING TITLE MGRM HARRIS, TRACY J JR STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 36569 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ł.	ADDITIONS/C	Change	Addition Addition	
9. MANAGING TITLE MGRM HARRIS, TRACY J JR STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 36569 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete AY Detete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS, CITY-ST-ZIP	ł.	ADDITIONS/C	Change Change Change	Addition Addition	
9. MANAGING TITLE MGRM HARRIS, TRACY J JR STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 36569 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ł.	ADDITIONS/C	Change	Addition Addition	
9. MANAGING TITLE MGRM HARRIS, TRACY J JR STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 36569 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete AY Detete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ł.	ADDITIONS/C	Change Change Change	Addition Addition	
9. MANAGINO TITLE MGRM HARRIS, TRACY J JR STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 36569 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete AY Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł.	ADDITIONS/C	Check payable to Department of State CHANGES Change Change Change	Addition Addition Addition	
9. MANAGING TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Delete AY Detete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ł.	ADDITIONS/C	Change Change Change	Addition Addition	
9. MANAGING TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 36569 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Delete AY Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ł.	ADDITIONS/C	Check payable to Department of State CHANGES Change Change Change	Addition Addition Addition	
9. MANAGING TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Delete AY Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ł.	ADDITIONS/C	Check payable to Department of State CHANGES Change Change Change	Addition Addition Addition	
9. MANAGINO TITLE MGRM HARRIS, TRACY J JR STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 36569 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł.	ADDITIONS/C	Change Change Change Change Change	Addition Addition Addition 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:

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

813 435-7105