## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Mar 23, 2006 8:00 am Secretary of State **DOCUMENT # L05000049740** 03-07-2006 90244 021 \*\*\*\*50.00 1, Entity Name OAK COURTS, LLC Mailing Address Principal Place of Business 3211 PONCE DE LEON BLVD. 3211 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCURTIS, CONSTANTINE 3211 PONCE DE LEON BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 202 **CORAL GABLES FL 33134** 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Managing PaiTner TITLE ☐ Change ☐ Addition TITLE The letter Constantine Scurtis MALES NAME 32H Ponce De leon Blud. #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cora 1 6 Abres, FL 33434 CITY-ST-21P THILE Delate TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS -City-SI-#P-CITY-ST-73P Delete TITLE ■ Addition MILE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P Delete TITLE Change ☐ Addition DRE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 11. I hereby certify that the information supplied with this fing 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 the information indicated in this report is true and accurate and the information indicated liability company or the repeiver or the limited liability company or the repeiver or the limited liability company or the repeiver or the limited liability company or the repeiver of the limited liability company or the repeiver or the limited liability company or the repeiver of the limited liability company or the repeiver of the limited liability company or the repeiver of the limited liability company or the liabili

Constantine Sourt's 01/25/06
ANADING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Duse

**FILED** 



March 8, 2006

OAK COURTS, LLC 3211 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES, FL 33134

Subject: OAK COURTS, LLC-

Reference Number:

L05000049740

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION