

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000054192

1. Entity Name
ONE HUNDRED OAKS, LLC



Principal Place of Business
**16405 WEST COLONIAL DRIVE
 OAKLAND, FL 34760**

Mailing Address
**P.O. BOX 120355
 CLERMONT, FL 34712**

DO NOT WRITE IN THIS SPACE



01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 61-1462574	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**LANGLEY, R B
 16405 WEST COLONIAL DRIVE
 OAKLAND, FL 34760**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000840328
 03/05/08-80043-011 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGLEY, RANDALL B 16405 WEST COLONIAL DR OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGLEY, MIKE R 16405 WEST COLONIAL DR OAKLAND, FL 34760
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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:  **2-22-08 (407) 654-8015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #