


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**


**DOCUMENT # L05000058846**

1. Entity Name  
**OAK RIDGE CONDOS LLC**



Principal Place of Business <b>7245 SW 87 AVENUE          SUITE 100          MIAMI, FL 33173</b>	Mailing Address <b>7245 SW 87 AVENUE          SUITE 100          MIAMI, FL 33173</b>
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-3034178</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BOLANOS, JOSE A  
 2121 PONCE DE LEON BLVD  
 SUITE ~~600~~ 950  
 CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000907501  
 05/05/08-80040-022 148.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SOTOLONGO, ARMANDO O 7245 SW 87 AVENUE SUITE 100 MIAMI, FL 33173</b>
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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:**  **Armando O. Sotolongo**    **4/9/08**    **(305)630-3733**

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