

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059571

FILED
Jul 10, 2006
Secretary of State

Entity Name: OAKWOOD BAY HOLDINGS LLC

Current Principal Place of Business:

305 OAKWOOD BLVD
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

305 OAKWOOD BLVD
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 20-3013876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KAYTIS, JOHN
305 OAKWOOD BLVD
OLDSMAR, FL 34677 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAYTIS, JOHN
Address: 305 OAKWOOD BLVD
City-St-Zip: OLDSMAR, FL 34677

Title: MGR () Delete
Name: KAYTIS, SHELBI
Address: 305 OAKWOOD BLVD
City-St-Zip: OLDSMAR, FL 34677

Title: MGR () Delete
Name: FORSYTH, BARBARA
Address: 305 OAKWOOD BLVD
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN KAYTIS

MGRM

07/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date