

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000070230

FILED
May 11, 2006
Secretary of State

Entity Name: OASIS REALTY SERVICES, L.L.C.

Current Principal Place of Business:

C/O 304 PONCE BOULEVARD
SUITE 2
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

C/O 304 PONCE BOULEVARD
SUITE 2
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 56-2521220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIA REGISTERED AGENT, INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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: JAMES, CORRENIA MGRM
Address: 304 PONCE BLVD. SUITE 2
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: BROUGHTON, JAMES B MGRM
Address: 304 PONCE BLVD. SUITE 2
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM () Change (X) Addition
Name: BROUGHTON, G. PENNY MGRM
Address: 304 PONCE BLVD. SUITE 2
City-St-Zip: JACKSONVILLE, FL 32218 US

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: CORRENIA JAMES

MGRM

05/11/2006

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