

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000080143

1. Entity Name  
MN OAK, LLC



Principal Place of Business  
6144 SANTA MARGARITO DR  
FORT PIERCE, FL 34951

Mailing Address  
6144 SANTA MARGARITO DR  
FORT PIERCE, FL 34951

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

*3790 7th Terrace #102*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*#102*

City & State

City & State

*Vero Beach*

Zip

Zip

*F1*

Country

*32960*

04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number

*20-3374181*

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPARKS, MERRILY G  
20 PARK AVE  
VERO BEACH, FL 32960

Name *Neil Medalie*

Street Address (P.O. Box Number is Not Acceptable)

*3790 7th Terrace #102*

City *Vero Beach* FL Zip Code *32960*

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

*Neil Medalie*

*Neil Medalie*

*4/21/08*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME MEDALIE, NEIL S  
STREET ADDRESS 20 PARK AVE  
CITY-ST-ZIP VERO BEACH, FL 32960

Delete

TITLE MGRM  
NAME SPARKS, MERRILY G  
STREET ADDRESS 20 PARK AVE  
CITY-ST-ZIP VERO BEACH, FL 32960

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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:

*Neil Medalie*

*4/21/08 7725597204*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #