


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90124 040 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                    |                                                                                                                                                                                                 |                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000080143</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                                    |                                                                                                                                                                                                 |                       |  |
| <b>1. Entity Name</b><br>MN OAK, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                    |                                                                                                                                                                                                 |                                                                                                        |  |
| <b>Principal Place of Business</b><br>6144 SANTA MARGARITO DR<br>FORT PIERCE, FL 34951                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                    | <b>Mailing Address</b><br>6144 SANTA MARGARITO DR<br>FORT PIERCE, FL 34951                                                                                                                      |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | <b>3. Mailing Address</b><br>3790 7th Terrace #102 |                                                                                                                                                                                                 |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  | Suite, Apt. #, etc.<br>#102                        |                                                                                                                                                                                                 |                                                                                                        |  |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  | <b>City &amp; State</b><br>Vero Beach              |                                                                                                                                                                                                 | <b>4. FEI Number</b><br>20-3374181                                                                     |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  | <b>Country</b><br>FL                               |                                                                                                                                                                                                 | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SPARKS, MERRILY G<br>20 PARK AVE<br>VERO BEACH, FL 32960                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                                    | <b>7. Name and Address of New Registered Agent</b><br>Name: Neil Medalie<br>Street Address (P.O. Box Number is Not Acceptable):<br>3790 7th Terrace #102<br>City: Vero Beach FL Zip Code: 32960 |                                                                                                        |  |
| <b>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.</b><br>SIGNATURE: <u>Neil Medalie</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/21/08</u>                                                                                                                                                        |                                                                  |                                                    |                                                                                                                                                                                                 |                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                    | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                              |                                                                                                        |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                    | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                    |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>MEDALIE, NEIL S<br>20 PARK AVE<br>VER BEACH, FL 32960    |                                                    | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>SPARKS, MERRILY G<br>20 PARK AVE<br>VERO BEACH, FL 32960 |                                                    | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                  |                                                    | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                  |                                                    | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                  |                                                    | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                  |                                                    | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |                                                                  |                                                    |                                                                                                                                                                                                 |                                                                                                        |  |
| <b>SIGNATURE:</b> <u>Neil Medalie</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                    | Date: <u>4/21/08</u> Daytime Phone #: <u>7725597204</u>                                                                                                                                         |                                                                                                        |  |