

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000083935

1. Entity Name  
OAK AVENUE DEVELOPMENT, LLC



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB -8 AM 10:52

Principal Place of Business  
7300 S.W. 93RD AVE., SUITE 210  
MIAMI, FL 33173

Mailing Address  
7300 S.W. 93RD AVE., SUITE 210  
MIAMI, FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number

~~32-2054904~~ 34-2054964

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIL, AUGUSTO J  
7300 S.W. 93RD AVE., SUITE 210  
MIAMI, FL 33173

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME GIL IN THE GROVE, INC.  
STREET ADDRESS 7300 S.W. 93RD AVE., SUITE 210  
CITY-ST-ZIP MIAMI, FL 33173

☐ Change ☐ Addition  
400066199404  
02/20/06--01035--013 \*\*55.00

TITLE MGR ☐ Delete  
NAME JAK CONSTRUCTION, INC.  
STREET ADDRESS 2830 S.W. 110 AVENUE  
CITY-ST-ZIP MIAMI, FL 33165

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

1/25/06 (305) 598-4002

Date

Daytime Phone #