


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 16, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L05000083935</b> 1. Entity Name OAK AVENUE DEVELOPMENT, LLC		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GIL, AUGUSTO J 7300 S.W. 93RD AVE., SUITE 210 MIAMI, FL 33173		<b>DO NOT WRITE IN THIS SPACE</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.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIL IN THE GROVE, INC. 7300 S.W. 93RD AVE., SUITE 210 MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAK CONSTRUCTION, INC. 2830 S.W. 110 AVENUE MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>SIGNATURE:</b> <u>Augusto J. Gil</u> <u>1/12/07</u> <u>(305) 598-4002</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 34-2054964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/16/07-80037-011 50.00

**DO NOT WRITE  
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