


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # L05000083935		
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	



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent GIL, AUGUSTO J 7300 S.W. 93RD AVE., SUITE 210 MIAMI, FL 33173		DO NOT WRITE IN THIS SPACE
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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/08-80073-003 138.75

**DO NOT WRITE
IN THIS SPACE**

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 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01.16.08

Date

(305) 598-4002

Daytime Phone #