

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 020 ***138.75

DOCUMENT # L05000096181

1. Entity Name
OAKMONT, LLC



Principal Place of Business
**30050 CHAGRIN BOULEVARD
SUITE 100
PEPPER PIKE, OH 44124 US**

Mailing Address
**30050 CHAGRIN BOULEVARD
SUITE 100
PEPPER PIKE, OH 44124 US**

2. Principal Place of Business - No P.O. Box #
3215 W. Swann Avenue
Suite, Apt. #, etc.

3. Mailing Address
c/o Jacob Real Estate Services, Inc.
Suite, Apt. #, etc.
607 W. Bay Street

04282008 Chg-LLC CR2E083 (12/06)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
20-3551258

Applied For
Not Applicable

Zip
33609

Country
USA

Zip
33606

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAUTTER, C. CHRISTIAN ESQ.
2850 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent

Name
James C. Jacob, CCIM
Street Address (P.O. Box Number is Not Acceptable)
Jacob Real Estate Services, Inc.
607 W. Bay Street
City
Tampa **FL** Zip Code
33606

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, if not the name of registered agent and title if applicable

James C. Jacob

4/28/08
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KOSAR, BRIAN J
30050 CHAGRIN BOULEVARD
PEPPER PIKE, OH 44124** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 FULL PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

James C. Jacob

4/28/08

Date

(813) 258-3200

Daytime Phone #