


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000100146

1. Entity Name
RAND OAK VISTA, LLC



Principal Place of Business 1447 TANGIER WAY SARASOTA, FL 34239	Mailing Address 1447 TANGIER WAY SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3697143	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

**LEEREVELD, BART
 3701 BEE RIDGE RD
 SARASOTA, FL 34233**

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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 _____ (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 LEEREVELD, BART 1447 TANGIERWY SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SVIRSKY, STEPHEN B 5117 OXFORD DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATAHABE, KAHORU 5824 BEE RIDGE RD, PMB 310 SARASOTA, FL 34233
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 05/22/08 09094 011 138.75

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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: *Bart Leereveld* 4/23/2008 9412329958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #