## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000103195** 

1. Entity Name
OAK WALK, LLC



FILED Feb 05, 2008 08:00 AN Secretary of State

Principal Place of Business

2632 NW 43RD STREET #105 GAINESVILLE, FL 32606 US Mailing Address

2632 NW 43RD STREET #105 GAINESVILLE, FL 32606 US



01142008 No Chg-LLC

CR2E083 (12/07)

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	IVOI	AALTII	IIA ILIIQ	SPACE	4. FEI Number	Applied For
				,	20-3726723	Not Applicable
	,				5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, ANNE 2632 NW 43RD STREET #105 GAINESVILLE, FL 32606

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	000000817020 02/14/08-80075-019 138.75			
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNETT, ANNE 2632 NW 43RD STREET #105 GAINESVILLE, FL 32606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

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 acculate 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #