


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90540 001 ***100.00

DOCUMENT # L05000113010	
1. Entity Name OXO HAMAK LP, LLC	

Principal Place of Business 319 NORTH MAGNOLIA AVENUE ORLANDO, FL 32801	Mailing Address 319 NORTH MAGNOLIA AVENUE ORLANDO, FL 32801
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30005013



2. Principal Place of Business - No P.O. Box # 1142 Kelton Avenue	3. Mailing Address 1142 Kelton Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04022007 Chg-LLC CR2E083 (12/06)

City & State Orlando FL	City & State Orlando FL
Zip 32761	Zip 32761
Country U.S.A.	Country U.S.A.

4. FEI Number 20-4042546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LANG, THOMAS F 319 NORTH MAGNOLIA AVENUE ORLANDO, FL 32801

7. Name and Address of New Registered Agent Name Lang Thomas F Street Address (P.O. Box Number is Not Acceptable) 1142 Kelton Avenue City Orlando FL Zip Code 32761
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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 _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMAK PROPERTIES, LLC 1090 DON MILLS ROAD, SUITE 600 TORONTO, ON M3C 3R6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Apr 16 07	Daytime Phone #
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