


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90106 030 \*\*\*138.75

<b>DOCUMENT # L05000113010</b>	
1. Entity Name OXO HAMAK LP, LLC	

Principal Place of Business 1142 KELHAN VE OC0EE, FL 34761	Mailing Address 1142 KELHAN VE OC0EE, FL 34761
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2. Principal Place of Business - No P.O. Box # 1142 Kelton Ave	3. Mailing Address 1090 Don Mills Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 600

City & State OC0ee FL	City & State Toronto On
Zip 34761	Country U.S.A.
Country U.S.A.	Zip M3C 3R6
Country U.S.A.	Country Canada



02192008 Chg-LLC CR2E083 (12/06)

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 1142 KELHAN AVE OC0EE, FL 34761
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 1142 Kelton Ave.  City OC0ee FL Zip Code 34761
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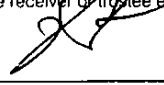
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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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:**  **02/21/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #