

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116528

FILED
Feb 08, 2007
Secretary of State

Entity Name: OAK BEND PROPERTIES, LLC

Current Principal Place of Business:

2320 S 3RD STREET
SUITE 2
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

2320 S 3RD STREET
SUITE 2
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

P.O BOX 622903
OVIEDO, FL 32762

FEI Number: 20-3894038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, SCOTT D
655 W MORSE BLVD
SUITE 212
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EMBASSY CUSTOM HOMES, , INC.
Address: P.O. BOX 622903
City-St-Zip: OVIEDO, FL 32762

Title: MGRM () Delete
Name: BOWMAN & ASSOCIATES,, INC.
Address: 2320 S 3RD STREET, SUITE 2
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM () Delete
Name: BOWMAN, SAMUEL
Address: 2320 S 3RD STREET, SUITE 2
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY JORDAN

MGRM

02/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date