

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123648

Entity Name: OAKWOOD SALES, L.C.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

291 LECTURN STREET  
PORT CHARLOTTE, FL 33954

## New Principal Place of Business:

PO BOX 380732  
MURDOCK, FL 33938

## Current Mailing Address:

291 LECTURN STREET  
PORT CHARLOTTE, FL 33954

## New Mailing Address:

PO BOX 380732  
MURDOCK, FL 33938

FEI Number: 20-3972437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OAKS, DAVID K ESQ.  
407 MARION AVENUE, SUITE 101  
PUNTA GORDA, FL 33950 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: MGR ( ) Delete  
Name: CAMINITI, ANTHONY  
Address: 291 LECTURN STREET  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGR ( ) Delete  
Name: CAMINITI, DIANE  
Address: 291 LECTURN STREET  
City-St-Zip: PORT CHARLOTTE, FL 33954

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CAMINITI, ANTHONY  
Address: PO BOX 380732  
City-St-Zip: MURDOCK, FL 33938

Title: MGR (X) Change ( ) Addition  
Name: CAMINITI, DIANE  
Address: PO BOX 380732  
City-St-Zip: PORT CHARLOTTE, FL 33938

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: DIANE CAMINITI

MGR

04/27/2006

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