## FILED Jan 29, 2007 8:00 am

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	ANITOAL	IVEI OIVI			_	Secreta	rv of Sta	ate
DOCUMENT # L06000002521  1. Entity Name OAK & LAUREL PROPERTIES, LLC					01-29-2007 90148 034 ****50.00			
758 WAKEMONT DRIVE		Mailing Address 758 WAKEMONT DRIVE						
UKANGE PAR	RK, FL 32065	ORANGE PARK, FL 320	כסת		 		1 <b>10</b> 111 10110 11110 11110 11110 111	E B B 1
Principal Place of Business - No P.O. Box #     3. Mailing Address		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	per	<del>)                                    </del>	oplied For ot Applicable	
Zip	Country	Zìp	Coun	try	5. Certificate	e of Status Desired	S5.00 Add	ditional
	6. Name and Address of Current R	legistered Agent	·		7. Name and	d Address of New R	egistered Agent	
REYNOLD	OS, JAMES P			Name				,
758 WAKE	MONT DRIVE PARK, FL 32065			Street Address	(P.O. Box Numb	per is Not Acceptable	·)	
	· · · · · · · · · · · · · · · · · · ·			City	<u></u>		FL Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its	register		ered agent, or bo	oth, in the State of Flo	rL	
_	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent ar	ed title if applicable. (NOTE	Registere	d Agent signature requir	red when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007						e check payable to Department of State	e	
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE NAME	MGRM REYNOLDS, JAMES P	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	758 WAKEMONT DRIVE ORANGE PARK, FL 32065		STRE	ET ADDRESS -ST-ZIP				
TITLE	MGRM	☐ Delete	TITLE	=			☐ Change	Addition
NAME STREET ADDRESS	LEONARD, ANDREW P 441 SOUTH HAWTHORNE STRE	<b>É</b> Τ		ET ADDRESS				
CITY-ST-ZIP TITLE	ELMHURST, IL 60126	☐ Delete	CITY	-ST-ZIP			☐ Change	Addition
NAME		☐ Desete	. NAM					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAM				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS				
CITY-ST-ZIP TITLE		☐ Delete	CITY	-ST-ZIP			☐ Change	Addition
NAME		☐ Delete	NAM	E				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
indicated	certify that the information supplied with I on this report is true and accurate and to bility company or the receiver or trustee	hat my signature shall have	the same	e legal effect as it s required by Cha	f made under oat	h; that I am a manag Statutes.	irther certify that the info jing member or manage	ormation er of the