

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005424

FILED
Apr 26, 2007
Secretary of State

Entity Name: OAKWOOD STREET ENTERPRISES, LLC

Current Principal Place of Business:

400 SAVOIE DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

5210 HOOD ROAD
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

400 SAVOIE DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

P O BOX 24744
WEST PALM BEACH, FL 33416

FEI Number: 20-4125119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YEEND, JOHN
1109 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406 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: ADDAZIO, DAWN E
Address: 400 SAVOIE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: ADDAZIO, WILLIAM
Address: 400 SAVOIE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ADDAZIO, DAWN E
Address: 5210 HOOD ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM (X) Change () Addition
Name: ADDAZIO, WILLIAM
Address: 5210 HOOD ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify 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: DAWN E ADDAZIO

MGRM

04/26/2007

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