2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 01, 2007 08:00 A Secretary of State

1. Entity Nan	MENT # L 06000018 OAKS, LLC	3894				Seci	retar	y 01)	State
Principal Place of Business 2507 CALLAWAY ROAD, SUITE 101 TALLAHASSEE, FL 32303		Mailing Address 2507 CALLAWAY ROAD, SUITE 101 TALLAHASSEE, FL 32303							
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2. Principal i	Place of Business - No P.O. Box #	3. Mailing Address						EI INIE INEE IN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222007	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State		4. FEI Number	7		نحجوبسوسا	oplied For ot Applicab	
Zip	Country	Zip	Coun	ntry	5. Certificate of	of Status Desired		5.00 Add	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and /	Address of New R			
MACEADI	_AND, JAMES W			Name					
2507 CAL	LAND, JAMES W LAWAY ROAD, SUITE 101 SSEE, FL 32303	Street Address		(P.O. Box Number	r is Not Acceptable	9)			
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				City			FL	Zip Cod	θ
	e named entity submits this statement f tions of registered agent.	or the purpose of changing its	s registere	ed office or registe	red agent, or both	, in the State of Flo	orida. I am fa	umiliar with,	and accep
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007									
F	iling Fee is \$50.00 ue by May 1, 2007						e check pa a Departme		9
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMB	ERS/MANAGERS	10.				Departme		е
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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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

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