
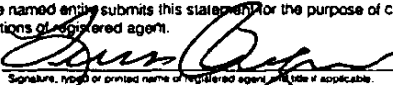



FILED
May 04, 2007 8:00 am
Secretary of State

04-20-2007 90027 047 ****55.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000019448			
1. Entity Name OAKWOOD ASSOCIATES LLC			
Principal Place of Business 9140 CHERRY HILL COURT FORT MYERS, FL 33908		Mailing Address 9140 CHERRY HILL COURT FORT MYERS, FL 33908	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-1446373		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		03272007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent EIHAUSEN, DERRICK S ESQ KNOTT, CONSOER, EBELINI, HART & SWETT, PA 1625 HENDRY STREET, SUITE 301 FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name LUCIUS A PETTINGILL Street Address (P.O. Box Number is Not Acceptable) 9140 CHERRY HILL CT City FORT MYERS FL Zip Code 33908	
8. 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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE 3/30/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PETTINGILL, LUCIUS A 9140 CHERRY HILL COURT FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 3/30/07 239-425-2657 Daytime Phone #	