


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90080 042 ****50.00

DOCUMENT # L06000020574	
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1. Entity Name
OAK SHORE PROPERTIES LLC

Principal Place of Business 2916 W. BAY VISTA AVE. #1 TAMPA, FL 33611	Mailing Address 2916 W. BAY VISTA AVE. #1 TAMPA, FL 33611
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60021532



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

84-1708411

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTZOG, MICHAEL
2916 W. BAY VISTA AVE. #1
TAMPA, FL 33611

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

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	MGRM	<input type="checkbox"/> Delete
NAME	HARTZOG, MICHAEL	
STREET ADDRESS	7204 GENNAKER DRIVE	
CITY-ST-ZIP	TAMPA, FL 33607	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTZOG, MICHAEL	
STREET ADDRESS	2916 W. BAY VISTA AVE. #1	
CITY-ST-ZIP	TAMPA, FL 33611	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MORGAN, SUSAN	
STREET ADDRESS	5233 PARISIENNE PLACE	
CITY-ST-ZIP	SARASOTA, FL 34238	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MORGAN, KENT	
STREET ADDRESS	5233 PARISIENNE PLACE	
CITY-ST-ZIP	SARASOTA, FL 34238	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MORGAN, LINDSAY	
STREET ADDRESS	2812 WEST ESTRELLA ST. #4	
CITY-ST-ZIP	TAMPA, FL 33629	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, LINDSAY	
STREET ADDRESS	2916 W. BAY VISTA AVE. #1	
CITY-ST-ZIP	TAMPA, FL 33611	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	YADEN, STEVE	
STREET ADDRESS	2692 AMBERLEY GLEN WAY	
CITY-ST-ZIP	Dacula, GA 30211	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michael Hartzog MICHAEL HARTZOG 03/01/07 727-639-4239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #