2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000031096

1. Entity Name SCHUETH-OAK BLUFF LLC



FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90368 044 ****50.00

Principal Place of Business 45 WEST BAY STREET, SUITE 203 JACKSONVILLE, FL 32202			Mailing Address 45 WEST BAY STREET, SUITE 203 JACKSONVILLE, FL 32202				-				
Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04162007	Chg-LLC		33 (12/06)	
City & State			City & State				4. FEI Numb	er		Ap	plied For
Zip	Country		Zip Country				of Status Desired		5.00 Add		
	6. Name and Addre	es of Current	Registered Agent				7. Name and	Address of New			<u> </u>
			. Cognotorou - Igoni		Name			==		3	
CURLEY, CHARLES R JR. 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207			Street Add			ldress (F	ss (P.O. Box Number is Not Acceptable)				
JACKSON	VILLE, I E 32207			ļ	City					Zin Cad	
					City				FL	Zip Code	
	named entity submits the ons of registered agent		r the purpose of changing it	s registere	ed office or i	registere	ed agent, or bo	th, in the State of	Florida. I am f	amiliar with,	and accept
SIGNATURE _	Signature, typed or printed name	of registered agent	and title if applicable (NO	TE. Registered	d Agent signatur	e required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007									ake check pa ida Departme	•	3
9.	MAN	AGING MEMBE	RS/MANAGERS	10.			L	ADDITION	S/CHANGES		
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NAME				NAME	E (\dot{m}'''	iam F.	Schuern	130C	02	
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CITY-ST-ZIP					- ST - ZIP			.=-			
11. I hereby of indicated limited liai	ertify that the information this report is true an billity company or the re	n supplied with d accurate and ceiver or truste	n this filing does not qualify for that my signature shall have e empowered to execute this	or the exer the same report as	mptions cor e legal effec s required b	ntained i it as if m y Chapt	in Chapter 119, nade under oath ter 608, Florida	, Florida Statutes. n; that I am a mar Statutes.	I further certify naging membe	that the info r or manage	rmation r of the

SIGNATURE: William F. Schueth, Jr. Signature and typed or printed name of signing managing member, manager, or authorized representative Date