

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Mar 28, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L06000031096**

1. Entity Name  
**SCHUETH-OAK BLUFF LLC**



Principal Place of Business  
**45 WEST BAY STREET, SUITE 203  
JACKSONVILLE, FL 32202**

Mailing Address  
**45 WEST BAY STREET, SUITE 203  
JACKSONVILLE, FL 32202**



01042008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4600307</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CURLEY, CHARLES R JR.  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000873015  
04/10/08-80059-023 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHUETH, WILLIAM F JR 45 W BAY ST STE 203 JACKSONVILLE, FL 32202</b>
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IN THIS SPACE**

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: William F. Schueth, Jr. 03/06/08 904-356-1060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #