


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90321 023 \*\*\*138.75

<b>DOCUMENT # L06000032162</b>	
1. Entity Name OAK BLUFF PROPERTY, L.L.C.	

Principal Place of Business 6 FAIRFIELD BOULEVARD, SUITE #1 PONTE VEDRA BEACH, FL 32204	Mailing Address 6 FAIRFIELD BOULEVARD, SUITE #1 PONTE VEDRA BEACH, FL 32204
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60026304

1804  
0500

2. Principal Place of Business - No P.O., Box # 320 N. 1st St.	3. Mailing Address PO Box 50910
Suite, Apt., etc. Suite 706	Suite, Apt., etc.

City & State Jacksonville Bch, FL	City & State Jacksonville Bch, FL
Zip 32250	Country USA
Zip 32240	Country USA



04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4573586		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KENNEY, THERESA M ESQ FORD, BOWLUS, DUSS, MORGAN, KENNEY, ET AL 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

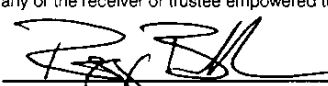
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKKAR, RAMZY 6 FAIRFIELD BOULEVARD, SUITE #1 PONTE VEDRA BEACH, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	320 N. 1st St. Suite 706 Jacksonville Bch, FL 32250 <input checked="" 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:**  **418-08 904-270-1970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #