## FILED Mar 11, 2008 8:00 am Secretary of State 03-11-2008 90131 019 \*\*\*143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							03-11-200	8 90131 019 *	**143./5		
1. Entity Nan	MENT # L06000045 ANDE OAKS, LLC	774									
Principal Place of Business 3301 COLLEGE AVENUE NOVA SOUTHERN UNIVERSITY, INC. FORT LAUDERDALE, FL 33314-7796 US		Mailing Address Attn: Dr. Gr 3301 COLLEGE AVENUE NOVA SOUTHERN UNIVERSITY, INC. FORT LAUDERDALE, FL 33314-7796 US				feg Stiber 60013932					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address			. =						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03042008	Chg-LLC	CR2E083 (12/0	6)		
City & Stat		City & State				4. FEI Numb 20-481			Applied For Not Applicable		
Zip	Country	Zip	try	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 Name						
3301 COL NOVA SO	/, GEORGE L II LEGE AVENUE UTHEASTERN UNIVERSITY JDERDALE, FL 33314-7796		,			Street Address (P.O. Box Number is Not Acceptable)					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City				FL Zip C	ode		
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or	registere	ed agent, or bo	th, in the State of Flori	• —	th, and accept		
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signal						when (einstalling)	<del></del>	DATE	<del></del>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State						
9.	MANAGING MEMBE	RS/MANAGERS	10.			'	ADDITIONS/C	HANGES			
TITLE NAME	HANBURY, GEORGE L II	☐ Defele	TITLE		Mana	ager		Chang	e 🗌 Addition		
STREET ADDRESS CITY+ST-ZIP	3301 COLLEGE AVENUE - NSU FORT LAUDERDALE, FL 333141	7796	STREE	ET ADDRESS ST-ZIP							
TITLE		☐ Delete	TITLE		Mana	_	E	☐ Chang	e Addition		
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP	330	ald G. l Collo t Laudo	Assai ege Avenue erdale, Fl	e - NSU L 333147	796		
TITLE		☐ Delele	TITLE	1		ager Ferre:	r 0	☐ Chang	e Addition		
NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	330	1 Coll	ege Avenue erdale, Fl	e - NSU L 333147	796		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS	Bar: 330:	ager ry J. l Coll	Silverman ege Avenue	□ Chang , M.D. e – NSU	-		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	ET ADORESS	Mana W. 330	ager Tinsle 1 Coll	erdale, Fl y Ellis ege Avenue	□ Chang e - NSU	e Addition		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	1	Mana Joe 330	ager 1 Berma 1 Coll	erdale, Fl an ege Avenud erdale, Fl	□ Chang e - NSU	e 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:  954-262-7555  SIGNATURE AND TYPED OF RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date Dayline Proce											
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