

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048413

Entity Name: HAMAKNOCKERS OASIS, LLC

FILED
May 19, 2008
Secretary of State

Current Principal Place of Business:

460 COASTAL HIGHWAY
PANACEA, FL 32346

New Principal Place of Business:

Current Mailing Address:

200 OAKWOOD TRAIL
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 01-0865092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOWE, JAMES V
200 OAKWOOD TRAIL
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOWE, JAMES V
Address: 200 OAKWOOD TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGR () Delete
Name: LOWE, CANDACE
Address: 200 OAKWOOD TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGR () Delete
Name: LOWE, MICHAEL E
Address: 460 COASTAL HWY.
City-St-Zip: PANACEA, FL 32346

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES V. LOWE

MGR

05/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date