

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000049341

1. Entity Name

OAKMONTE SHOPPING CENTER, L.L.C.



Principal Place of Business

1261-A NORTH EGLIN PARKWAY
SHALIMAR FL 32579

Mailing Address

1261-A NORTH EGLIN PARKWAY
SHALIMAR FL 32579



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4912925

Applied For

Not Applicable

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

FOSTER, WILLIAM S
909 MAR WALT DRIVE
1014
FORT WALTON BEACH FL 32547

Name
LADON DEWRELL
Street Address (P.O. Box Number is Not Acceptable)
1261-A NORTH EGLIN PARKWAY
City
SHALIMAR FL Zip Code
32579

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

Ladon Dewrell

1-24-08

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when re-installing)

DATE

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 MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
MGR
DEWRELL, LADON
STREET ADDRESS
1261-A NORTH EGLIN PARKWAY
CITY-ST-ZIP
SHALIMAR FL 32579

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
U00000801678
CITY-ST-ZIP
02/01/08-80027-024 138.75

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Ladon Dewrell

1-24-08 850-651-2082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #