

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087367

Entity Name: 8696 OLDHAM WAY LLC

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

7164 TRADITION COVE LANE WEST
WEST PALM BEACH, FL 33412

New Principal Place of Business:

8383 COZUMEL LANE
WELLINGTON, FL 33414

Current Mailing Address:

7164 TRADITION COVE LANE WEST
WEST PALM BEACH, FL 33412

New Mailing Address:

8383 COZUMEL LANE
WELLINGTON, FL 33414

FEI Number: 20-8436677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSS, BARBARA
7164 TRADITION COVE LANE WEST
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

GROSS, BARBARA
8383 COZUMEL LANE
WELLINGTON, FL 33414 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: BARBARA GROSS

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GROSS, BARBARA
Address: 7164 TRADITION COVE LANE WEST
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM () Delete
Name: TARPELL, ALAN
Address: 8634 NATIVE DANCER ROAD
City-St-Zip: WEST PALM BEACH, FL 33418

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GROSS, BARBARA
Address: 8383 COZUMEL LANE
City-St-Zip: WELLINGTON, FL 33414

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: BARBARA GROSS

MGR

04/06/2009

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