2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# L06000122599

Entity Name: OAK KNOLL HOLDINGS, LLC

Current Principal Place of Business:

312 S.E. 17TH STREET, SUITE 300
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

312 S.E. 17TH STREET
SUITE 300
FORT LAUDERDALE, FL 33316

Current Mailing Address:

312 S.E. 17TH STREET, SUITE 300
FORT LAUDERDALE, FL 33316

New Mailing Address:

312 S.E. 17TH STREET
SUITE 300
FORT LAUDERDALE, FL 333162524

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

PALMER, CHARLES L
312 S.E. 17TH STREET, SUITE 300
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

PALMER, CHARLES L
312 S.E. 17TH STREET
SUITE 300
FORT LAUDERDALE, FL 33316 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: CHARLES L. PALMER 07/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: M ( ) Change (X) Addition
Name: NORTH AMERICAN COMPA, NY LLLP
Address: 312 S.E. 17TH STREET, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33316

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: CHARLES L. PALMER MGP 07/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date